User Guide Addendum

Information included in the Long Term Care (LTC) Community Services Waiver Programs User Guide has been expanded. A new service group option has been added to field S2c. Service Group of the Medical Necessity and Level of Care (MN/LOC) Assessment 3.0. The additional service group available from the S2c drop-down box is "23. CFC." This new service group is for Community First Choice providers.

The details of this addition to the MN/LOC Assessment on the LTC Online Portal are outlined in the addendum, which immediately follows the User Guide and can be accessed by using the bookmarks.

Click the link to view the following addendum: **CFC Online Portal MN/LOC Addendum**

Addendum added 6/1/2015.

For more information, contact the LTC Call Center/Help Desk at **1-800-626-4117**, Option 1.

Long Term Care Community Services Waiver Programs Workshop

USER GUIDE

v 2014 1013

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Learning Objectives

After attending the Long Term Care Community Services Waiver Programs Workshop, you will be able to:

- Understand the Medicaid Team roles.
- Identify National Provider Identifier (NPI)/Atypical Provider Identifier (API) requirements.
- Obtain an LTC Online Portal administrator account.
- Understand basic LTC Online Portal features.
- Understand Medical Necessity (MN) and the MN determination process.
- Submit Medical Necessity and Level of Care (MN/LOC) Assessments.
- Understand and complete the Long Term Care Medicaid Information (LTCMI) section, field by field.
- Understand the provider workflow process.
- Understand how to correct or inactivate assessments—and the consequences of doing so.
- Understand how to print completed and blank assessments.
- Identify assessment statuses and how to resolve issues.
- Understand Resource Utilization Group (RUG) training requirements.
- Explain how to report Medicaid waste, abuse, and fraud.
- Identify additional resources.

Medicaid Team

The following groups and individuals make up the Medicaid Team. Together, they make it possible to deliver Medicaid services to Texans.

- **Centers for Medicare & Medicaid Services (CMS)** – The agency in the Department of Health and Human Services that is responsible for federal administration of the Medicare, Medicaid, and State Children's Health Insurance Program (CHIP).
- **Individuals** – A person enrolled in a program. Individuals are those served by Texas Medicaid.
- **Managed Care Organization (MCO)** – State-contracted entity that has been given delegated authority to provide acute and long term services to support enrolled managed care members.
- **Program Provider** – An entity that provides services under a contract with the Department of Aging and Disability Services (DADS). Program provider is the preferred term for "provider agency." Program providers are the crucial players in a quality health-care program. The focus is on providing the best care possible while being reimbursed for allowed services rendered.
- **Texas Department of Aging and Disability Services (DADS)** – Texas state agency that provides long-term services and supports to older persons and individuals with physical, intellectual, and developmental disabilities. DADS also regulates providers of long-term services and supports, and administers the state's guardianship program.
- **Texas Health and Human Services Commission (HHSC)** – Provides administrative oversight of Texas health and human services programs including: the Medicaid acute care program, Children's Health Insurance Plan (CHIP), State of Texas Access Reform (STAR), State of Texas Access Reform PLUS (STAR+PLUS), and provides direct administration of some programs. Texas HHSC's Office of Eligibility Services (OES) determines eligibility for Medicaid.
- **Texas Medicaid & Healthcare Partnership (TMHP)** – Contracted by the state as the claims administrator to process claims for providers under traditional Medicaid. TMHP processes and approves claims for traditional Long Term Care (LTC). TMHP does not pay LTC claims; this is done by the comptroller. Responsibilities also include the following:
  - Determination of MN
  - Provider Education
  - Provide timely processing of claims (except for services covered by the STAR+PLUS premium) and represents DADS at Fair Hearings
  - Provide yearly program manuals, quarterly *LTC Provider Bulletins*, and Remittance and Status (R&S) Reports
  - Maintain the TMHP Call Center/Help Desk, Monday through Friday, 7:00 a.m.–7:00 p.m., Central Time, excluding holidays
  - Conduct training sessions for providers, which includes technical assistance on the TexMedConnect online application
- **Texas State Legislature** – The state legislature allocates budgetary dollars for Texas Medicaid.

National Provider Identifier (NPI)/ Atypical Provider Identifier (API) Requirements

The Health Insurance Portability and Accountability Act (HIPAA) established the National Provider Identifier (NPI) as the 10-digit standard unique identifier for health-care providers and requires covered health-care providers, clearinghouses, and health plans to use this identifier in HIPAA-covered transactions.

NPI is required on all claims submitted electronically, through third party software, or through TexMedConnect. On the LTC Online Portal, NPI is used for security purposes, and links providers to their assessments so that only those associated with that NPI are viewable. Without an NPI, providers would not be able to locate their assessments on the LTC Online Portal.

Note: *DADS Medically Dependant Children Program (MDCP) nurses are not required to apply for an NPI. They enter an Atypical Provider Identifier (API) which is assigned by the appropriate region. To view a map of the DADS Community Services regions, go to* **www.dads.state.tx.us/contact/regional_facility/**. *Managed Care Organizations (MCOs) issue thier own API numbers.*

To obtain an NPI, go to **https://nppes.cms.hhs.gov/NPPES**.

It is important the NPI or API be included in MN/LOC Assessment submissions field S2d. NPI or API is required on claims and assessment submissions using the following methods:

- LTC Online Portal
- TexMedConnect
- Third party software vendor

The LTC Online Portal

The LTC Online Portal is used to submit, monitor, and manage MN/LOC Assessments.

Benefits of Using the LTC Online Portal

- Web-based application.
- 24/7 system availability.
- TMHP provides LTC Online Portal technical support by telephone at **1-800-626-4117**, Option 3, from 7:00 a.m.–7:00 p.m., Central Time, Monday through Friday–excluding holidays.
- Edits are in place to verify the validity of data entered.
- Provides error messages that must be resolved before submission.
- Providers have the ability to monitor the status of their assessments by using Form Status Inquiry (FSI) or Current Activity.
- Allows providers to submit additional information.

LTC Online Portal Security

In order to utilize the LTC Online Portal, providers (and Managed Care Organizations) must request access to the LTC Online Portal. Your agency may already have an account. You may need to contact your agency's administrator for user access. An administrator account is required for LTC Online Portal access, but it is strongly recommended to have multiple administrator accounts, in case one administrator is unavailable.

The administrator account is the primary user account for a provider/contract number.

The administrator account provides the ability to add/remove permissions (access to LTC Online Portal features) for other user accounts on the same provider/contract number.

A user account can be created by an administrator. User account permissions and limitations are set by the holder of an administrator account. This allows administrators to set the level of access according to employees' responsibilities.

Note: *MDCP nurses obtain LTC Online Portal access directly from DADS Claims Management (***http://dadsview.dads.state.tx.us/cms/claimssupport/cmlibrary/requestltcportal%20access.html***).*

If you already have either an administrator or user account, go to **www.tmhp.com/Pages/LTC/ltc_home.aspx**. Click the "Log In to LTC Online Portal" button.

If you do not have an account, you can create one by following the steps below. To do so, you will need to have your:

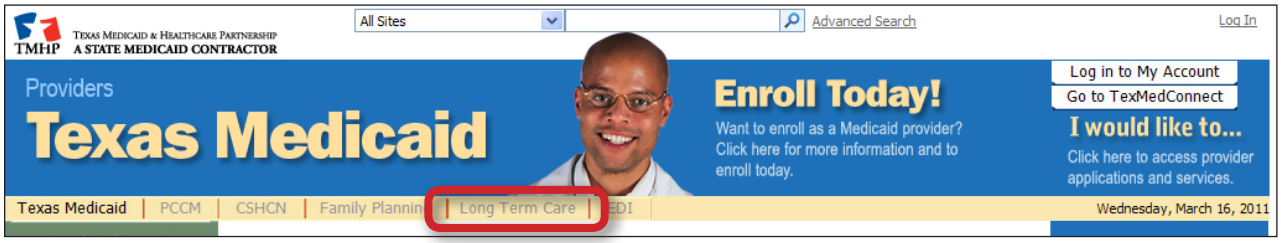
- **Provider contract number** – assigned by DADS when the provider signs the contract to provide DADS Program services.
- **Vendor number** – four-digit number assigned by DADS when the provider signs the contract to submit assessments on the LTC Online Portal.
- **Vendor password** – provider must call the Electronic Data Interchange (EDI) Help Desk at **1-888-863-3638** to obtain their vendor password. The Help Desk is available Monday through Friday, 7:00 a.m. through 7:00 p.m. Please note that it may take three to five business days to receive the password, which is randomly generated by TMHP.

How to Create an LTC Online Portal Administrator Account

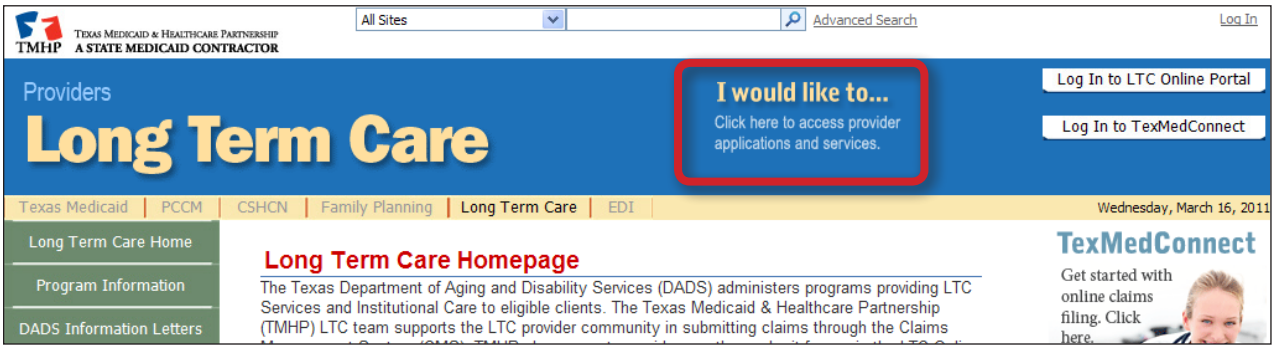
1. Go to **www.tmhp.com**.
2. Click "providers" in the green bar located at the top of the screen.



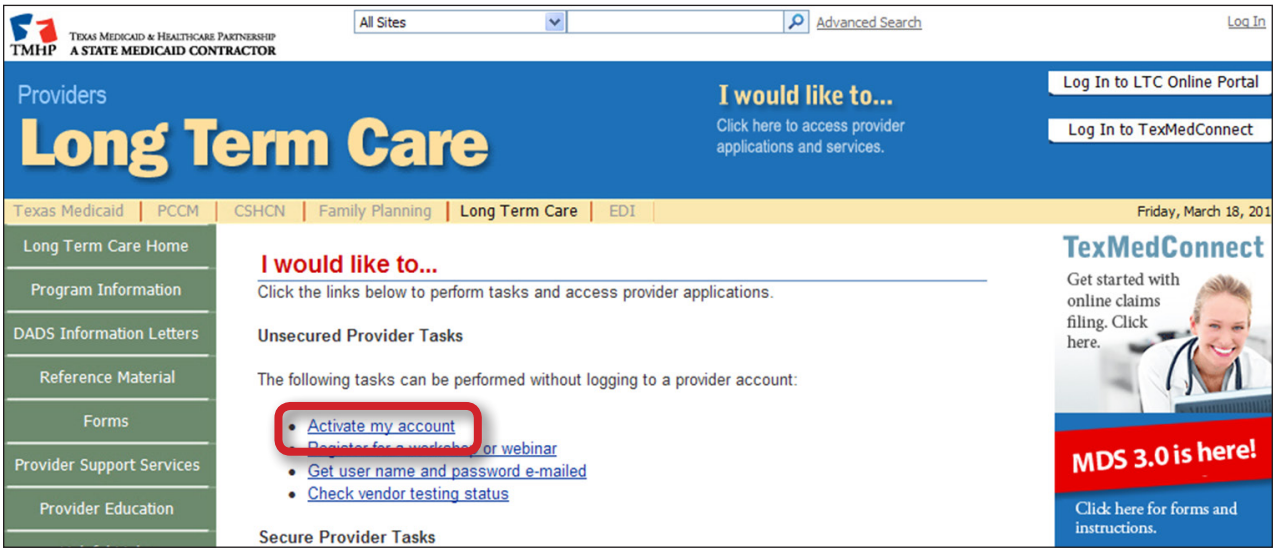
3. Click "Long Term Care" in the yellow bar.



4. Click "I would like to..." in the blue bar located at the top of the screen.



5. Click the **Activate my account** link.



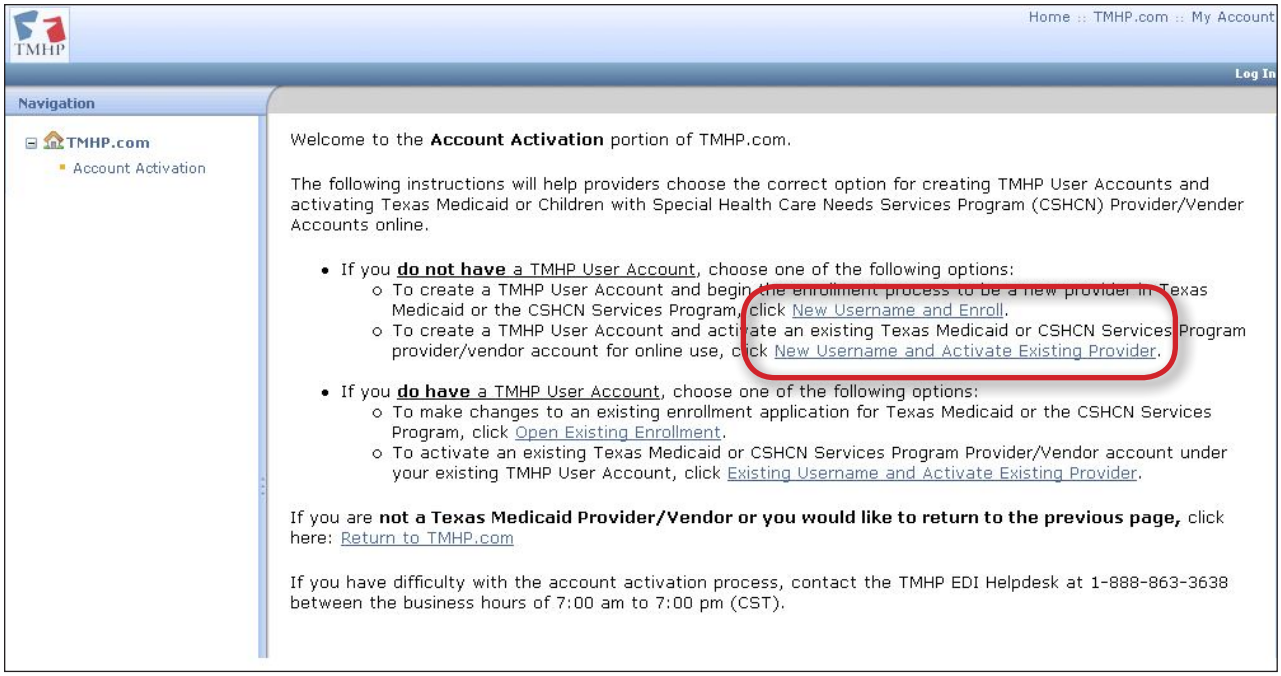
6. From here you have two choices:

   a. To create a new TMHP User Account without an existing provider/vendor account, click the **New Username and Enroll** link.

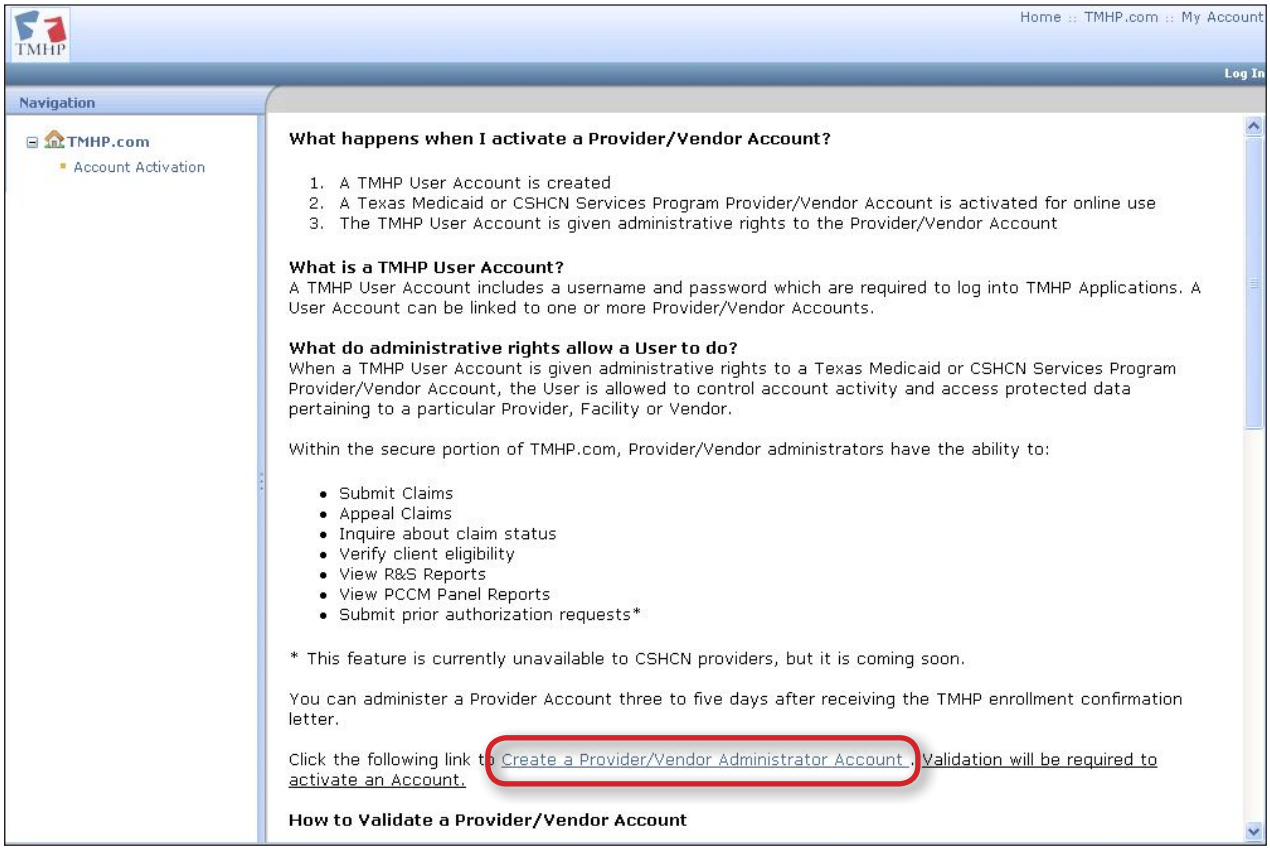
      – If selected, go to step 8. (Provider Type step).

   b. To create a new TMHP User Account with an existing provider/vendor account, click the **New Username and Activate Existing Provider** link.

      – If selected, go to step 7.



7. The following page will appear. Follow the instructions listed at the top of the page and click the **Create a Provider/Vendor Administrator Account** link at the bottom of the page.

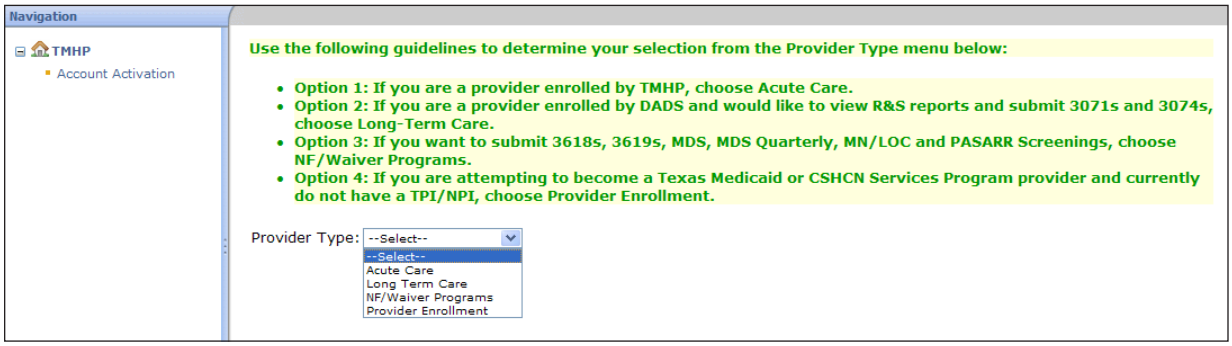


8. Choose a Provider Type from the drop-down box.

   Note: *The Provider Types listed immediately below are the only two choices in the drop-down box that are applicable for this guide.*

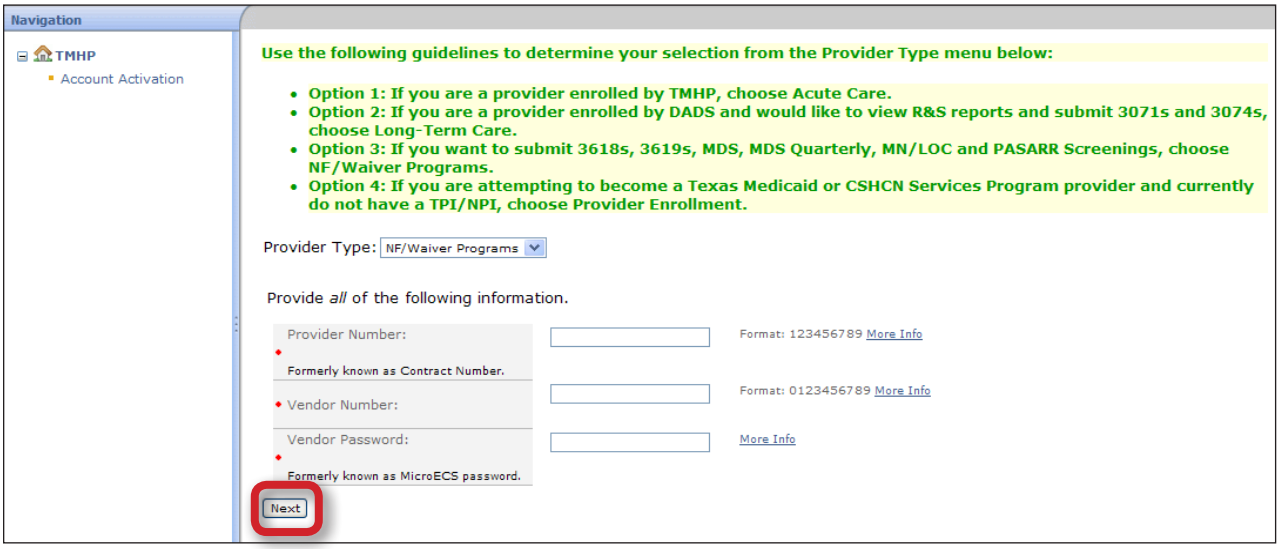
   – Use **NF/Waiver Programs** to submit MN/LOC Assessments on the LTC Online Portal. If you already use TexMedConnect, you are still required to create an NF/Waiver Programs account to submit MN/LOC Assessments on the LTC Online Portal.

   – Use **Long Term Care** to access TexMedConnect (for submitting claims, accessing R&S Reports, and performing Medicaid Eligibility and Service Authorization Verifications [MESAVs]).



9. Enter your provider number, vendor number, and vendor password.

10. Click the "Next" button.



11. Check the "I agree to these terms" box at the bottom of the screen, under the General Terms and Conditions section, to indicate agreement.

12. Click the "Create Provider Administrator" button to create your User name and Password.



Note: *The User name and Password are used for future log ins to your account. Make a copy for your records.*

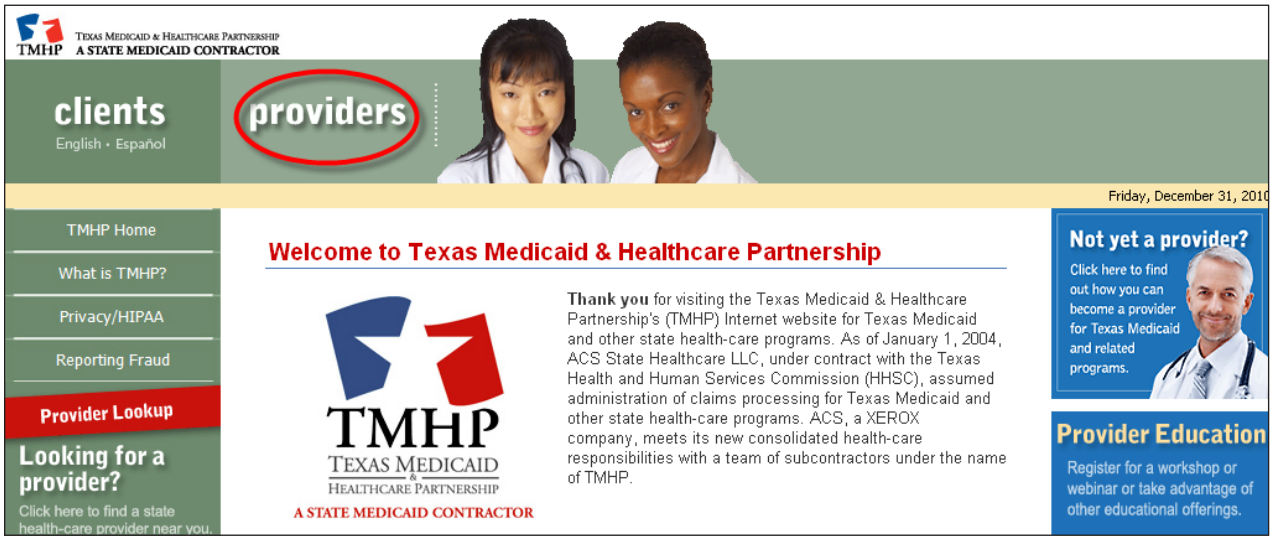
My Account

My Account is used to perform various maintenance activities for your account, such as: setting up user accounts, changing passwords, and other administrative tasks.

To access My Account:

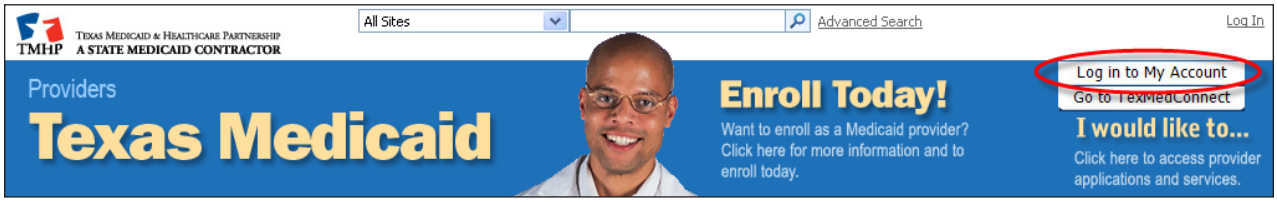
1. Go to **www.tmhp.com**.

2. Click "providers" in the green bar located at the top of the screen.

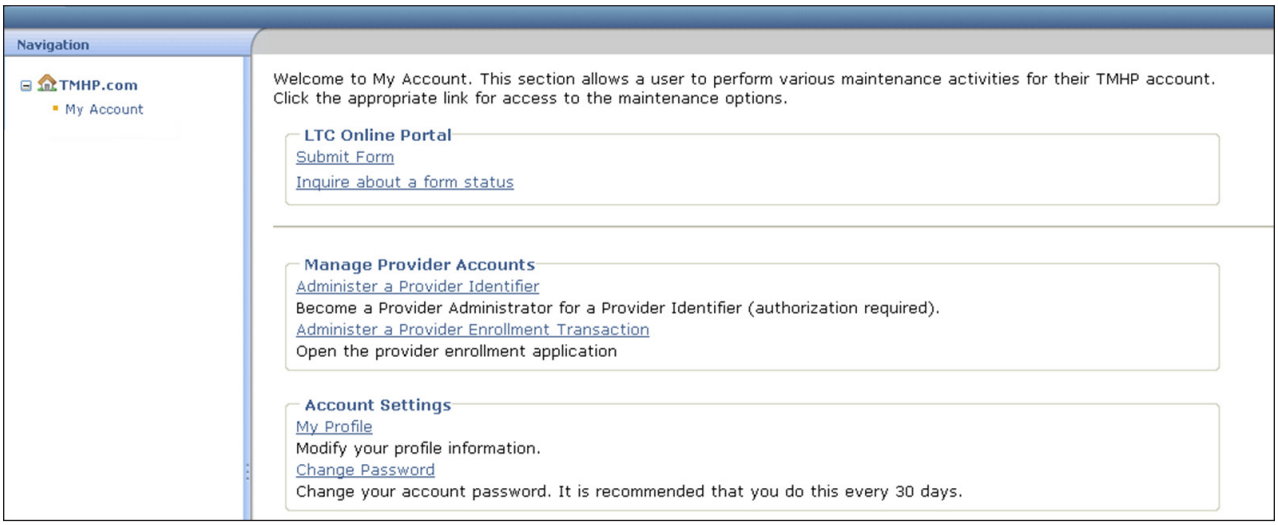


3. Click the "Log in to My Account" button in the blue bar located at the top of the screen.

Note: *You may be prompted to enter your LTC Online Portal User ID and Password.*



4. The "My Account" page will appear.



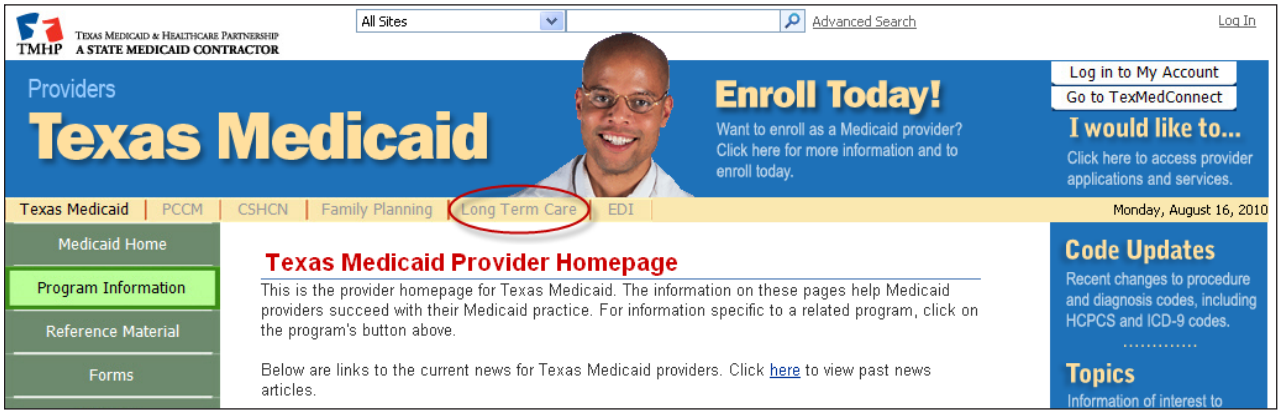
Log In to the LTC Online Portal

1. Go to **www.tmhp.com**.

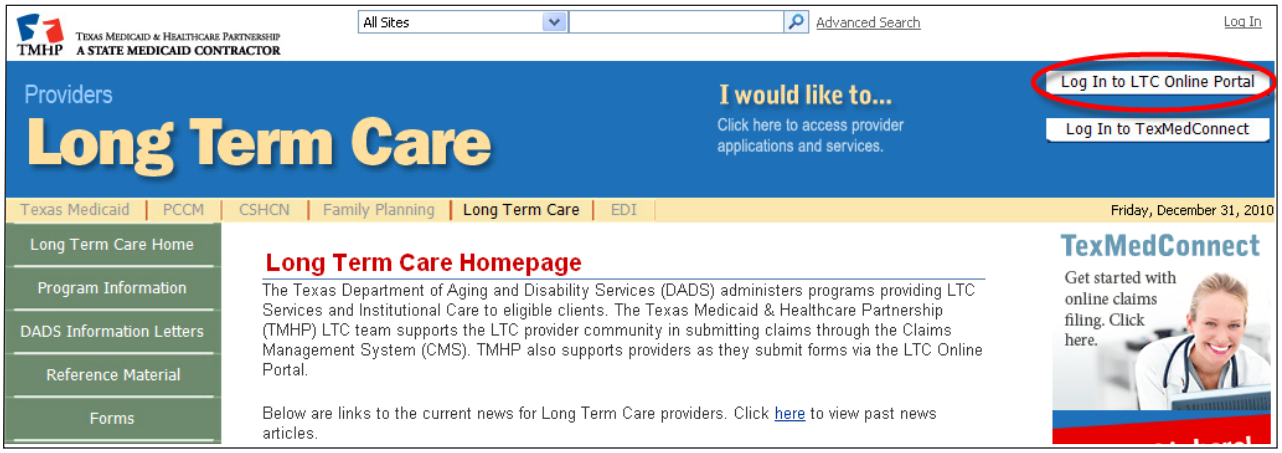
2. Click "providers" in the green bar located at the top of the screen.



3. Click "Long Term Care" in the yellow bar.

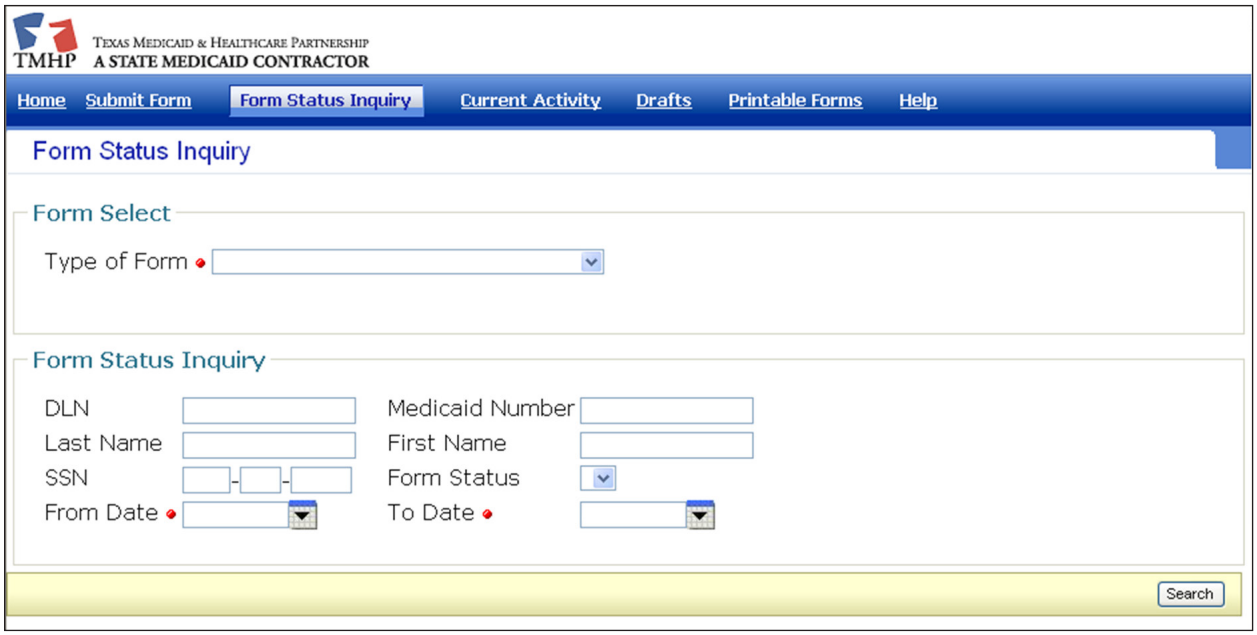


4. Click the "Log In to LTC Online Portal" button.



5. Enter your User name and Password.

6. Click the "OK" button. After log in, Form Status Inquiry (FSI) will display by default:



LTC Online Portal Basics

Blue Navigational Bar Links

All portal features based on your security level will be found in the blue navigational bar located at the top of the portal screen.

Options found in the blue navigational bar may include: Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Printable Forms, and Help.



Home

When the blue navigational bar above is displayed, the Home feature at the far left will take you to My Account. From the My Account page, providers can perform various maintenance activities for an account such as: setting up user accounts, changing passwords, and other administrative tasks. Providers may click the **TMHP.com** link located on the far left side of the "My Account" page, to go back to the **www.tmhp.com** home page.

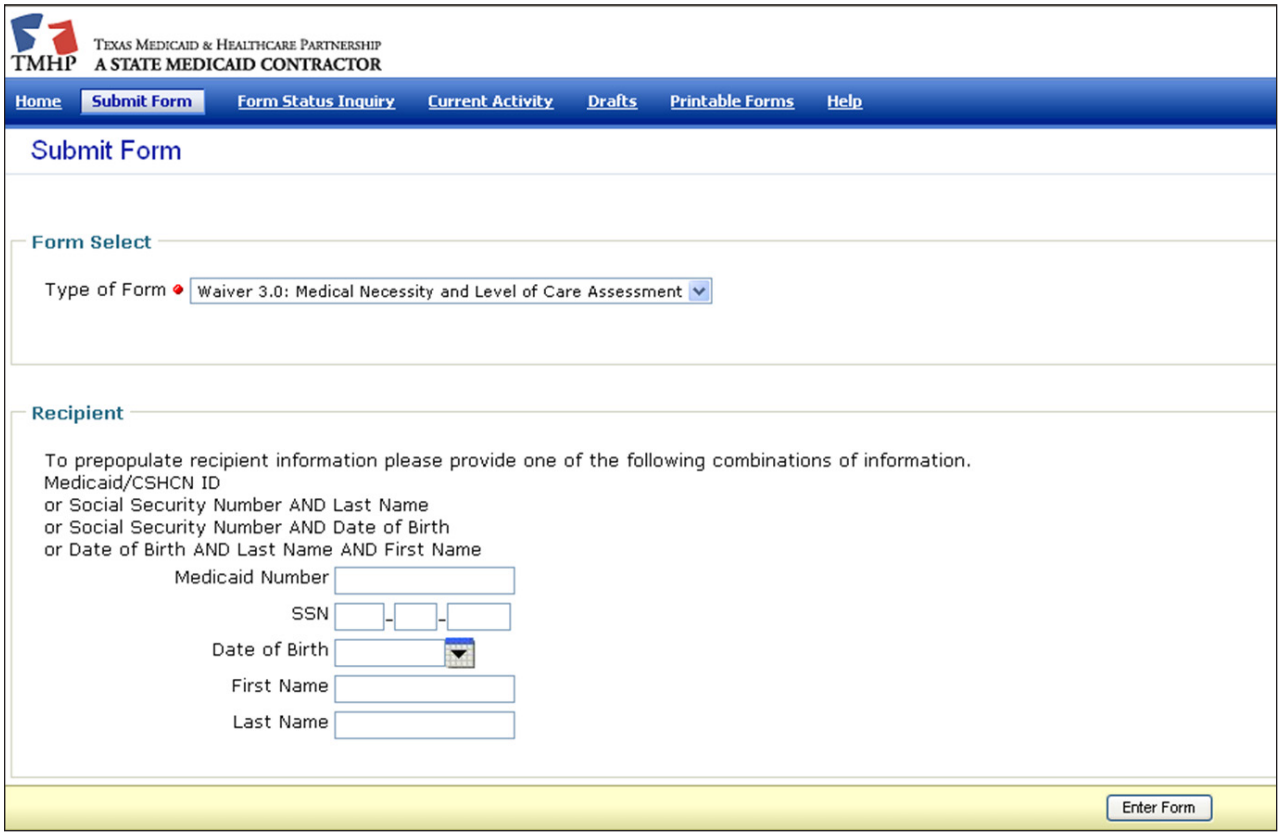


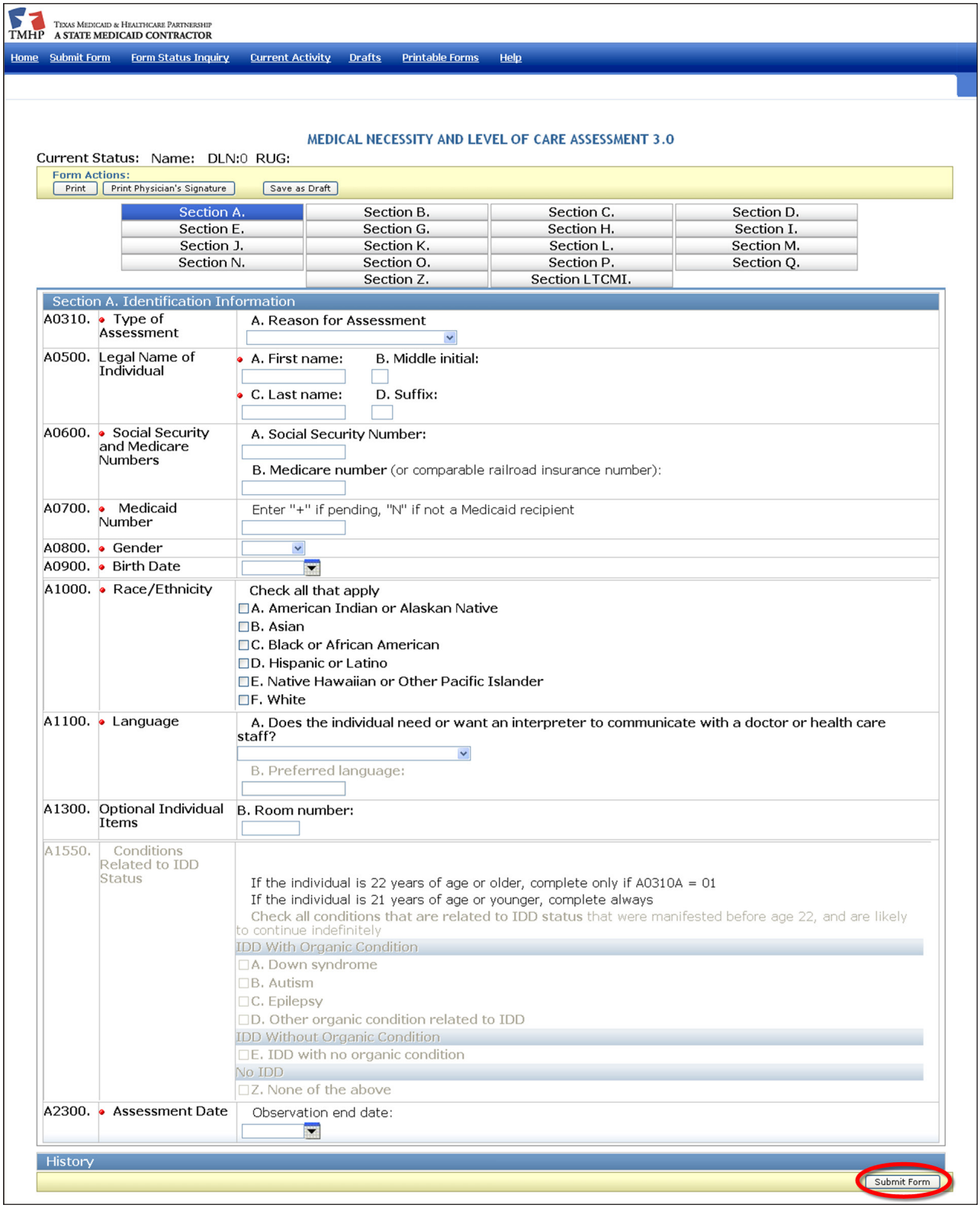
Using the TMHP home page providers may:

- Access the LTC Online Portal.
- Access TexMedConnect.
- Submit a prior authorization.
- Access provider manuals and guides.
- Access bulletins and banner messages.

Submit Form

The Submit Form feature allows providers to submit **Waiver 3.0: Medical Necessity and Level of Care Assessments**.





Note: *The steps to submit MN/LOC Assessments are covered in the "Medical Necessity and Level of Care Assessment" section.*

Form Status Inquiry (FSI)

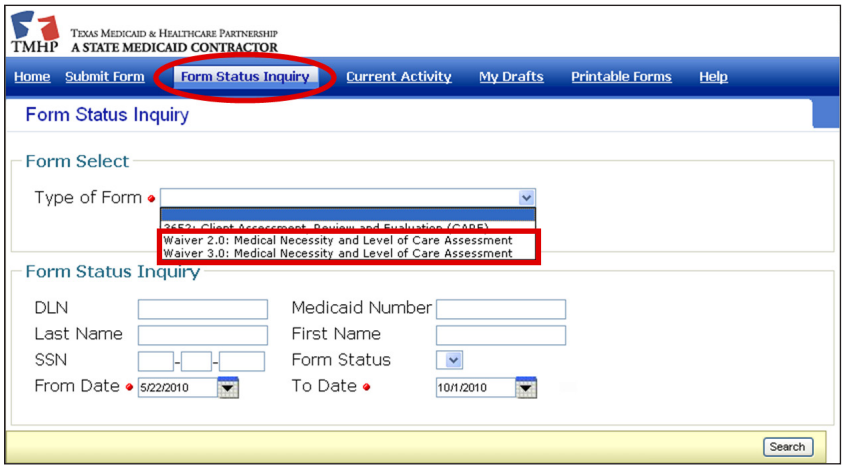
The FSI feature provides a query tool for monitoring the status of assessments that have been successfully submitted.

Providers may use FSI to search for either Type of Form: Waiver 2.0: Medical Necessity and Level of Care Assessments or Type of Form: Waiver 3.0: Medical Necessity and Level of Care Assessments. The search does not have the capability to return both 2.0 and 3.0 Assessments with one search. Searches must be performed separately for 2.0 and 3.0 Assessments.

FSI allows providers to retrieve assessments in order to:

- Access assessments to research and review statuses.
- Provide additional information to an assessment.
- Retrieve assessments to make corrections or perform inactivations.
- Resolve any assessments set to ***Provider Action Required***.

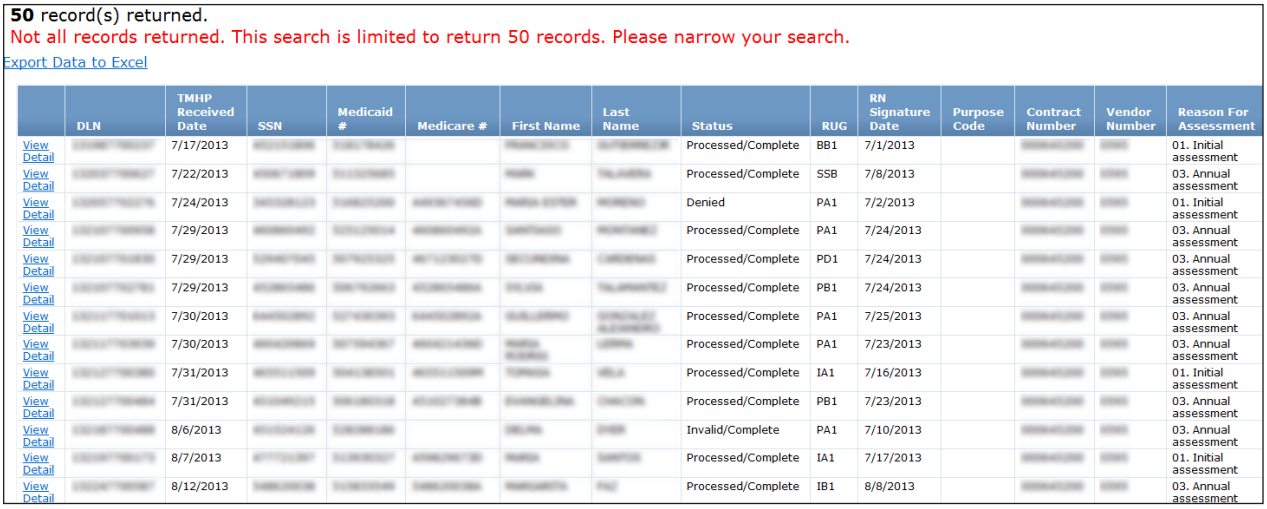
1. Click the **Form Status Inquiry** link in the blue navigational bar.
2. Type of Form: Choose **Waiver 2.0: Medical Necessity and Level of Care Assessment** or **Waiver 3.0: Medical Necessity and Level of Care Assessment** from the drop-down box.



3. Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: "DLN," "Medicaid Number," "Last Name," "First Name," "SSN," "Form Status," "From" and "To" Dates, and "Reason for Assessment." Dates are searched against the TMHP Received Date (date of successful submission).
4. Click the "Search" button, and the LTC Online Portal will return any matching submissions (records).

   Note: *FSI search results will only display the Type of Form selected.*

5. Click the **View Detail** link of the requested assessment to open and view the assessment.



50 record(s) returned.
Not all records returned. This search is limited to return 50 records. Please narrow your search.
Export Data to Excel

	DLN	TMHP Received Date	SSN	Medicaid #	Medicare #	First Name	Last Name	Status	RUG	RN Signature Date	Purpose Code	Contract Number	Vendor Number	Reason For Assessment
View Detail		7/17/2013						Processed/Complete	BB1	7/1/2013				01. Initial assessment
View Detail		7/22/2013						Processed/Complete	SSB	7/8/2013				03. Annual assessment
View Detail		7/24/2013						Denied	PA1	7/2/2013				01. Initial assessment
View Detail		7/29/2013						Processed/Complete	PA1	7/24/2013				03. Annual assessment
View Detail		7/29/2013						Processed/Complete	PD1	7/24/2013				03. Annual assessment
View Detail		7/29/2013						Processed/Complete	PB1	7/24/2013				03. Annual assessment
View Detail		7/30/2013						Processed/Complete	PA1	7/25/2013				03. Annual assessment
View Detail		7/30/2013						Processed/Complete	PA1	7/23/2013				03. Annual assessment
View Detail		7/31/2013						Processed/Complete	IA1	7/16/2013				01. Initial assessment
View Detail		7/31/2013						Processed/Complete	PB1	7/23/2013				03. Annual assessment
View Detail		8/6/2013						Invalid/Complete	PA1	7/10/2013				03. Annual assessment
View Detail		8/7/2013						Processed/Complete	IA1	7/17/2013				01. Initial assessment
View Detail		8/12/2013						Processed/Complete	IB1	8/8/2013				03. Annual assessment

Note: *FSI can retrieve information from the previous seven years. The search is based on the TMHP Received Date. There is a 50-record line limit for search results; therefore, you may need to narrow your search to retrieve specific records. Descriptions of the column headings seen above are:*

- **View Detail:** The hyperlink used to open the assessment.
- **DLN:** The unique document locator number (DLN) assigned to each successfully submitted assessment.
- **TMHP Received Date:** The actual date the assessment was successfully submitted on the LTC Online Portal.
- **SSN:** (2.0: AA5a, 3.0: A0600A), **Medicaid #** (2.0: AA7, 3.0: A0700), **Medicare #** (2.0: AA5b, 3.0: A0600B), **First Name and Last Name** (2.0: AA1a and AA1c, 3.0: A0500A and A0500C): Information used to identify the individual associated with the assessment.
- **Status:** The status of the assessment at the time of the search.
- **RUG:** The assigned Resource Utilization Group (RUG) value.
- **RN Signature Date:** Date the assessment was completed as identified in field R2b for 2.0 Assessments and field Z0500B for 3.0 Assessments.
- **Purpose Code:** Utilization Review Assessment submitted by DADS.
- **Contract Number:** The nine-digit provider number.
- **Vendor Number:** The four-digit site identification number.
- **Reason for Assessment:** (2.0: AA8a, 3.0: A0310A):

Waiver 2.0: MN/LOC Assessment	Waiver 3.0: MN/LOC Assessment
AA8a = 01. Initial Assessment	A0310A = 01. Initial Assessment
AA8a = 02. Annual Assessment	A0310A = 03. Annual Assessment
AA8a = 03. Significant change in status assessment (SCSA)	A0310A = 04. Significant change in status assessment (SCSA)

Current Activity

The Current Activity feature allows providers to view assessment submissions or status changes that have occurred within the last 14 calendar days. After 14 days, providers must utilize the FSI query tool to locate an assessment.

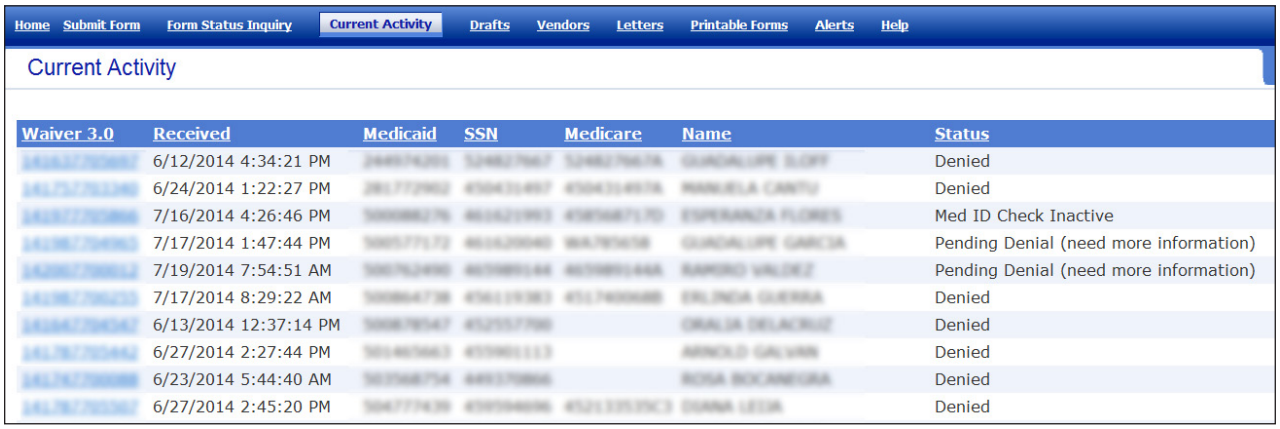
1. Click the **Current Activity** link in the blue navigational bar.

2. Click the appropriate vendor number (if applicable).



3. The results will display a summary of all assessment submissions or status changes within the last 14 calendar days.

Note: *Unlike FSI search results, there is* **not** *a 50-record line limit for Current Activity search results.*



Descriptions of the column headings seen above:

- **Waiver 3.0:** The unique DLN assigned to each successfully submitted assessment.
- **Received:** The actual date the assessment was successfully submitted on the LTC Online Portal.
- **SSN:** (A0600A), **Medicaid** (A0700), **Medicare** (A0600B), **First Name and Last Name** (A0500A and A0500C): Information used to identify the individual associated with the assessment.
- **Status:** The status of the assessment.

4. Click the DLN link to display the details of the requested assessment.

Providers are able to sort the Current Activity results in a variety of ways. By clicking on the heading of a column, the provider can choose to sort results by DLN, Received Date, SSN, Medicaid Number, Medicare Number, Name, or Status. When the provider clicks on a column heading the first time, it is sorted in ascending order. By clicking on the column heading a second time, the sort will change to descending order.

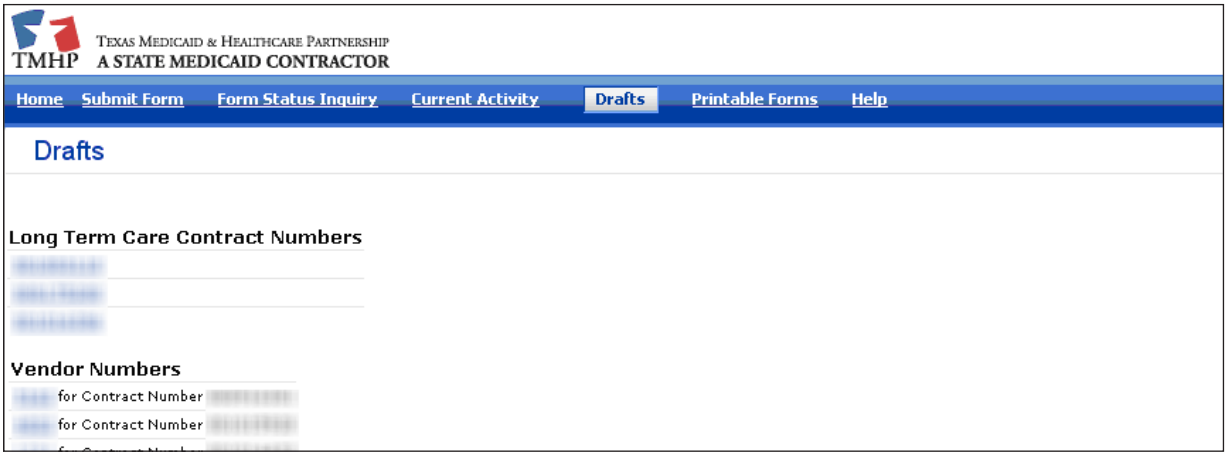
Drafts



The Drafts feature allows access to all drafts saved under the vendor/contract number to which the user is linked.

To access a saved draft:

1. Click the **Drafts** link in the blue navigational bar.
2. Click the appropriate vendor number hyperlink under Vendor Numbers. A list of drafts saved for the selected vendor/contract number will display.





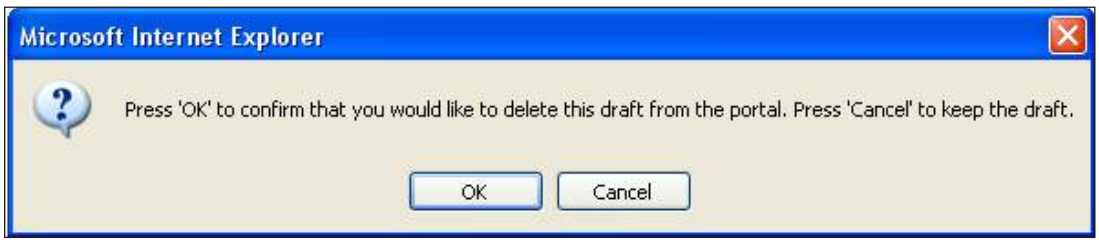
3. From here you have two choices:

   a. Click the **Open** link to open the draft to edit and submit.

      or

   b. Click the **Remove** link to permanently delete the draft.

      Note: *The following confirmation prompt message will appear:*



   › Click the "OK" button to delete the draft.

      or

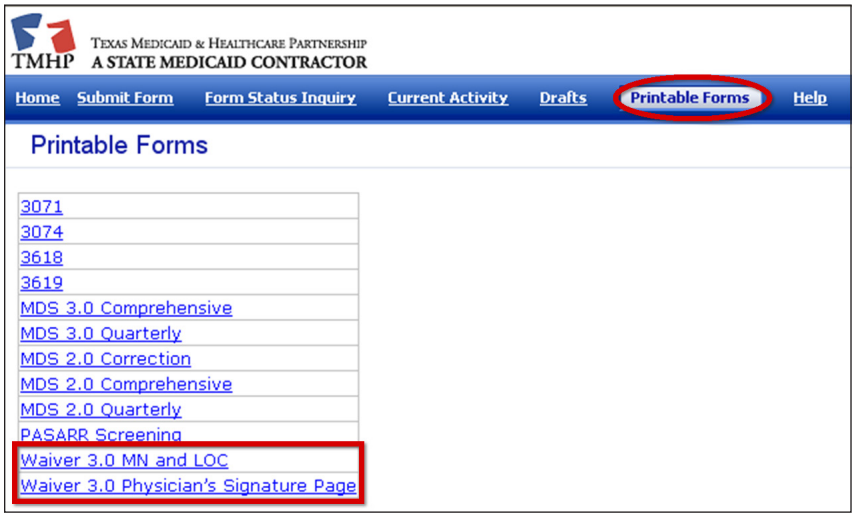
   › Click the "Cancel" button to keep the draft.

      Note: *Once a draft has been removed, it cannot be retrieved.*

Printable Forms

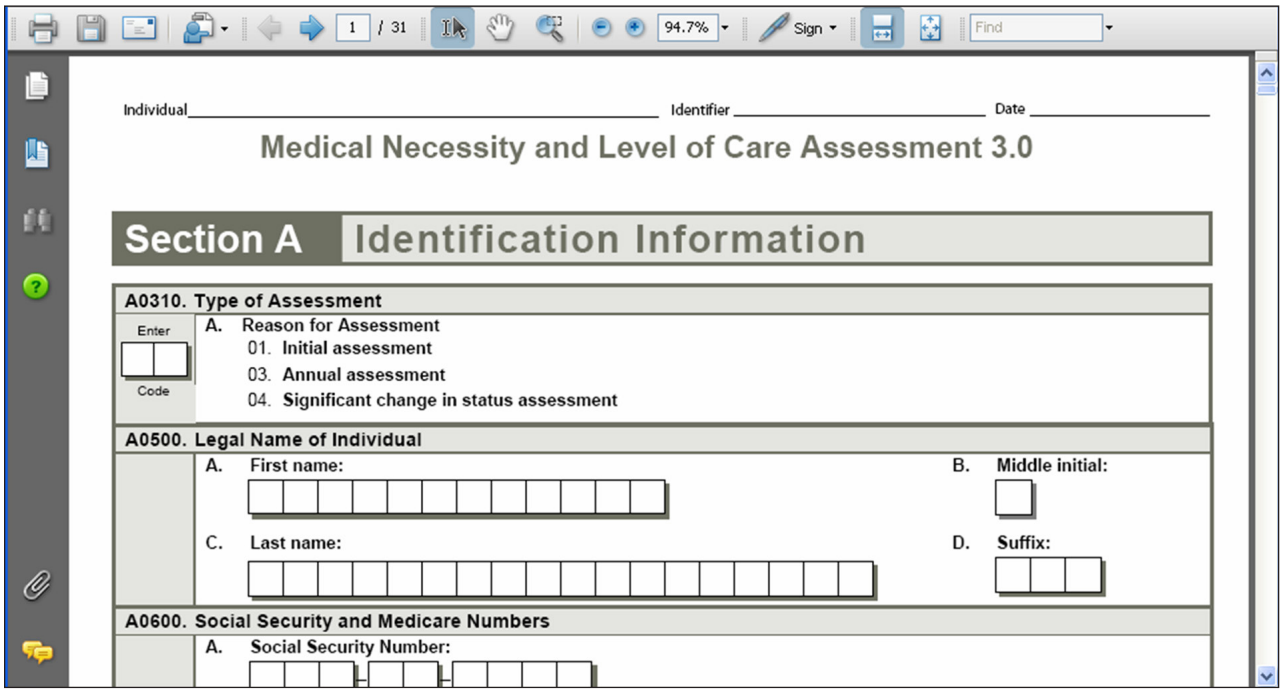
The Printable Forms feature allows the provider to view blank assessments, print blank assessments, or interactively complete assessments by saving to the provider's desktop:

1. Click the **Printable Forms** link in the blue navigational bar.



2. Choose an assessment by clicking the corresponding link. Adobe Reader® will open in a new window and will display the blank assessment in Portable Document Format (PDF).

   Note: *To type information into an assessment, click on the appropriate link. Once open, save the document to your desktop and begin entering information.*



3. Click the "Print" Icon. 

   – To print the entire document:

      a. Printer: Choose the appropriate printer name from drop-down box.

      b. Print Range: Click the "All" radio button.

      c. Click the "OK" button.

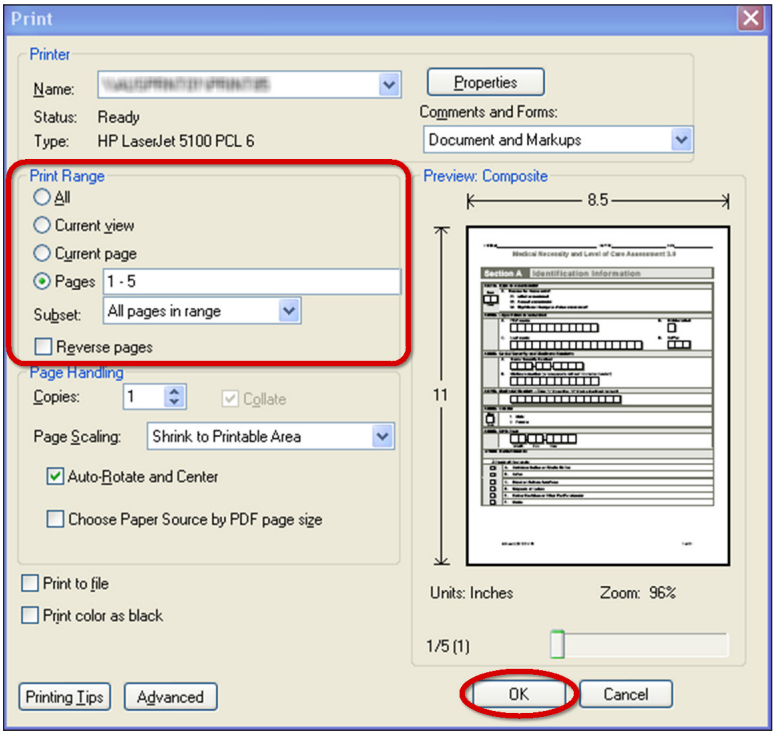
   – To print certain pages, instead of the entire document:

      a. Printer: Choose the appropriate printer name from drop-down box.

      b. Print Range: Click the "Pages" radio button.

      c. Enter the pages to print. (Example: 1-5 will print all pages 1 through 5; 1, 3, 7 will print only pages 1, 3, and 7.) This is useful for printing only the LTCMI, instead of the entire MN/LOC Assessment.

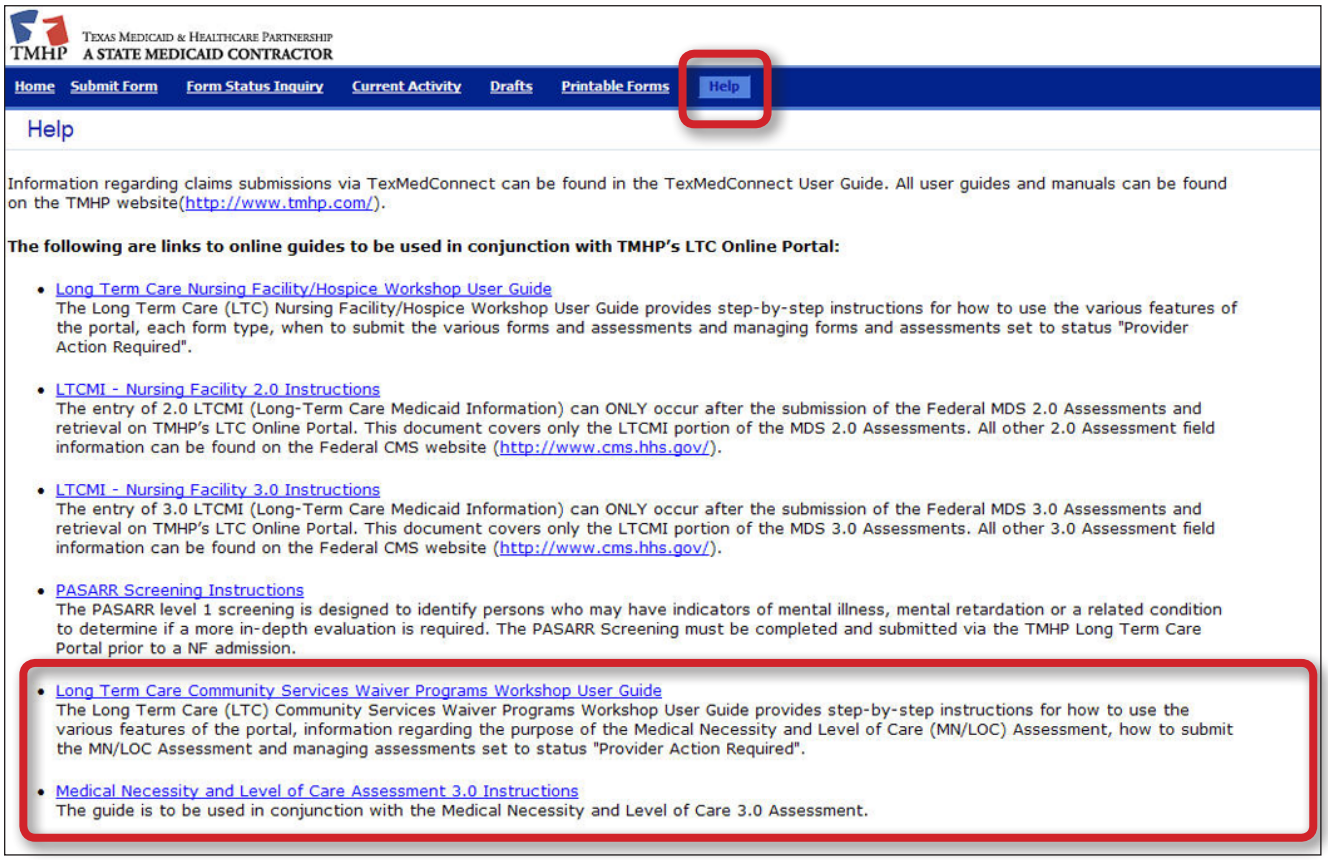
      d. Click the "OK" button.



Help

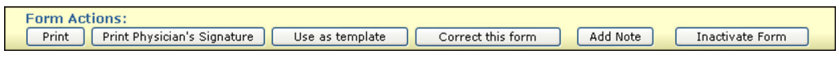
The Help feature at the far right in the blue navigational bar will display a Help page consisting of links to online guides that will assist with questions you may have about the LTC Online Portal. The **Medical Necessity and Level of Care Assessment 3.0 Instructions** link provides section-by-section instructions to guide the registered nurses (RNs) in completing the MN/LOC Assessment.

Note: *Providers may access an electronic version of the LTC User Guide by clicking the **Long Term Care Community Services Waiver Programs Workshop User Guide** link within the Help page.*



Yellow Form Actions Bar

Options found in the yellow Form Actions bar may include: Print, Print Physician's Signature, Use as template, Correct this form, Add Note, or Inactivate Form. Options will vary depending on your security level as well as the document status. The yellow Form Actions bar is available when an individual document is being viewed in detail.



Print

The Print feature allows the provider to print completed MN/LOC Assessments. Click the "Print" button to print completed assessments.

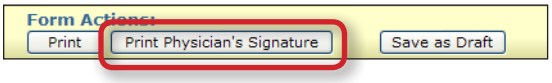
Note: *To only print specific sections of the assessment, click the "Pages" radio button and enter the page range for the desired pages only. When printing the MN/LOC 3.0 Assessment, the individual's name will appear on the top left corner of each page. The name will be auto populated based on the information entered in field A0500.*

Print Physician's Signature on Certification Statement

The Print Physician's Signature feature allows a provider to generate and print a Physician's Signature page at any time. Initial Assessments require a physician's signature on the certification statement. The certification statement is found on the Physician's Signature page. A physician's signature is optional on Annual Assessments and Significant Change in Status Assessments.

To print the Physician's Signature page (required for an Initial Assessment):

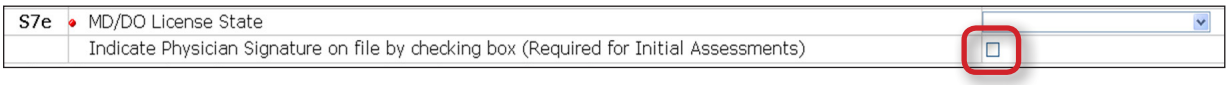
1. Complete all designated fields of the assessment on the LTC Online Portal.
2. Before submitting the assessment, click the "Print Physician's Signature" button located in the yellow Form Actions bar. The diagnoses listed on the printed Physician's Signature page are pulled from the information entered in Section I and the Primary Diagnosis listed in field S3a of the LTCMI section.



3. Click the "Save as Draft" button to save the assessment until the physician's signature is obtained.



4. Once the physician's signature is obtained, retrieve the assessment from Drafts.
5. Check the box labeled "Physician's Signature on File" found in the LTCMI section under S7e to indicate that the physician's signature is on file.

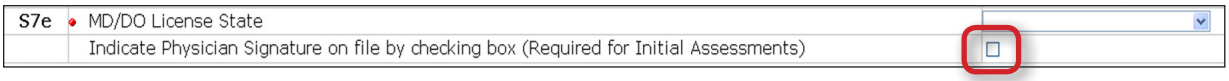


6. Click the "Submit Form" button to submit the Assessment.



Physician's Signature page for Annual Assessments and Significant Change in Status Assessments (optional):

1. Once the physician's signature is obtained on the Initial Assessment, the Physician's Signature box can be checked on the Annual Assessments and Significant Change in Status Assessments.



2. Click the "Submit Form" button to submit the assessment.

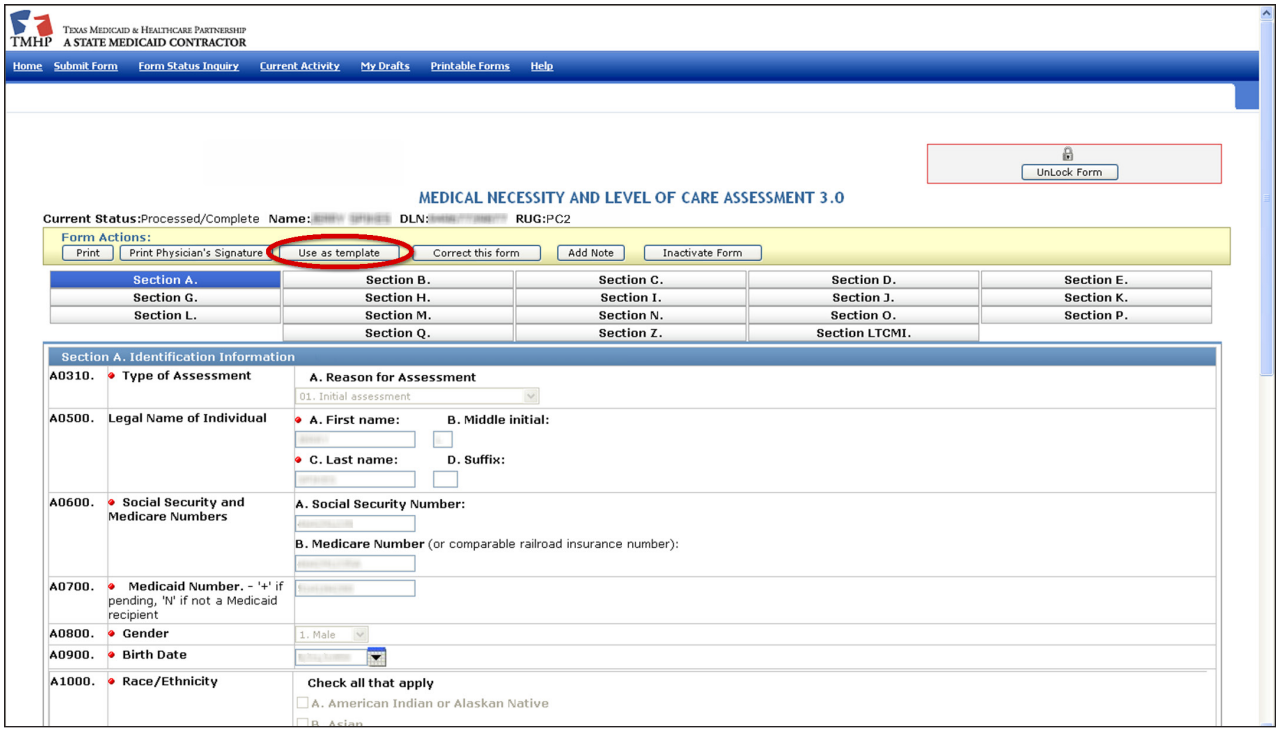


Use as template

The Use as template feature allows a provider to complete a new assessment by using the information in a previously submitted assessment as a template. Various fields will auto populate; be sure to check for accuracy. Be careful not to confuse this feature with a similarly-named feature in TexMedConnect.

Once you have found and are displaying the assessment using FSI or Current Activity:

1. Click the "Use as template" button; the data in this assessment will be used to create a new assessment.



Note: *Modify assessment data to reflect the current status of the individual. Also, adjust the Reason for Assessment if necessary (e.g., if you chose to use an Initial Assessment as a template for the Annual Assessment, don't forget to change the Reason for Assessment from Initial to Annual).*

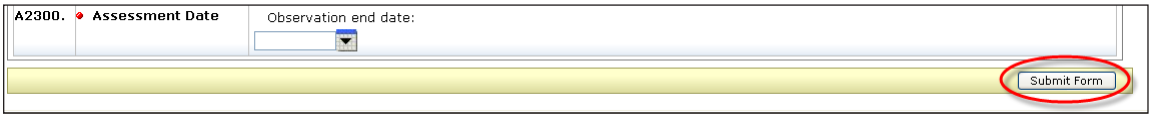
2. Enter data into remaining fields that are not auto populated.

   Note: *Fields not auto populated in the 3.0 Assessment are: Assessment Date (A2300), Date Assessment was Completed (Z0500B), and Medication Certification Checkbox (S9).*

3. Click the "Print" button located in the yellow Form Actions bar to print the assessment in progress, if you want a hard copy for your records.

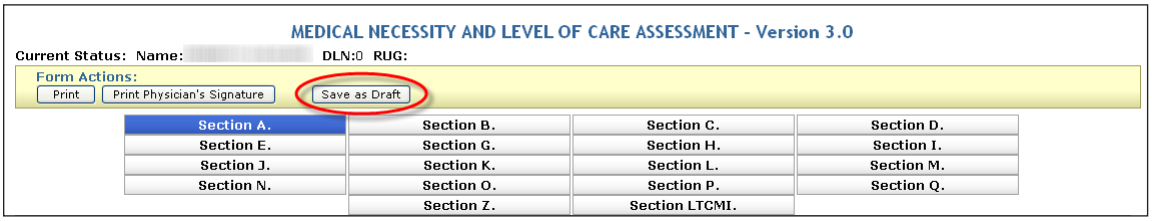
   From here you have two choices:

   a. Click the "Submit Form" button located at the bottom right of the screen, if you are ready to submit for processing.



   or

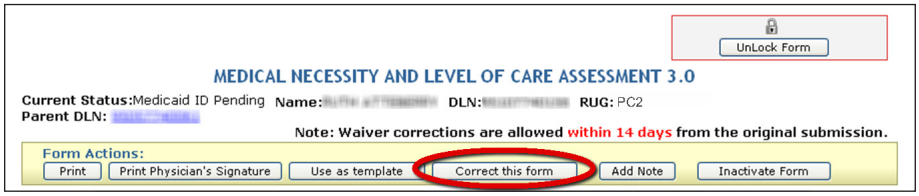
   b. Click the "Save as Draft" button located in the yellow Form Actions bar to save an assessment as a draft until you are ready to submit.



Correct this form

The Correct this form feature allows providers to perform corrections to the MN/LOC Assessment within 14 calendar days of the original submission (i.e., TMHP received date). However, corrections are not allowed if an assessment is set to status ***Form Inactivated***, ***Invalid/Complete***, ***SAS Request Pending***, or ***Corrected***.

Note: *A parent assessment is the original assessment that is being corrected and will be set to status* **Corrected**. *The child assessment is the new assessment that will be processed through the LTC Online Portal.*



Note: *The steps to correct an assessment are covered in the "Corrections" section.*

Add Note

The Add Note feature located in the yellow Form Actions bar is always available unless the assessment is locked by another user. It may be used to add additional MN information that was not captured upon original submission. Information is added to the History trail of the assessment, not to the assessment itself (i.e., not added to Comments in the LTCMI section of the assessment).

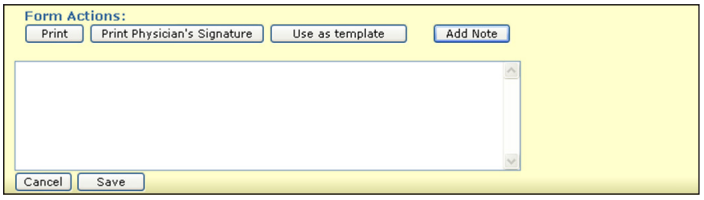
If the status is set to ***Pending Denial (need more information)*** and a note is added, the assessment will be set to status ***Pending Review***. The additional information entered will then be reviewed by a TMHP nurse.

To add a note to a submitted assessment:

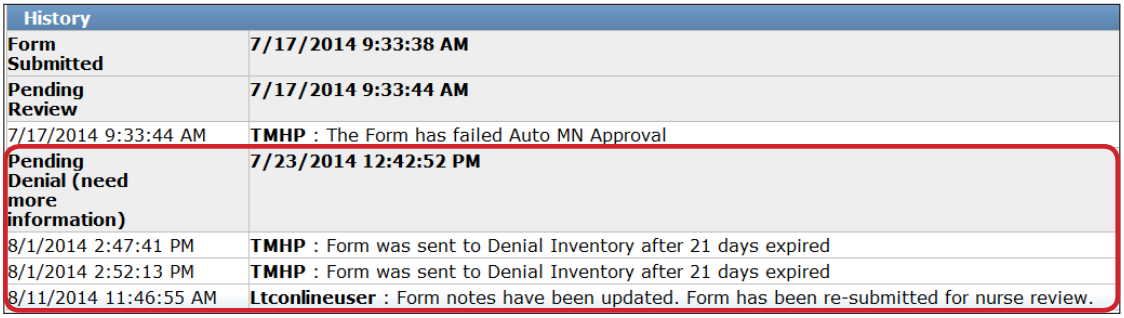
1. Locate the assessment using FSI or Current Activity.
2. Click the "Add Note" button, a text box will open.



3. Enter additional information (up to 500 characters).



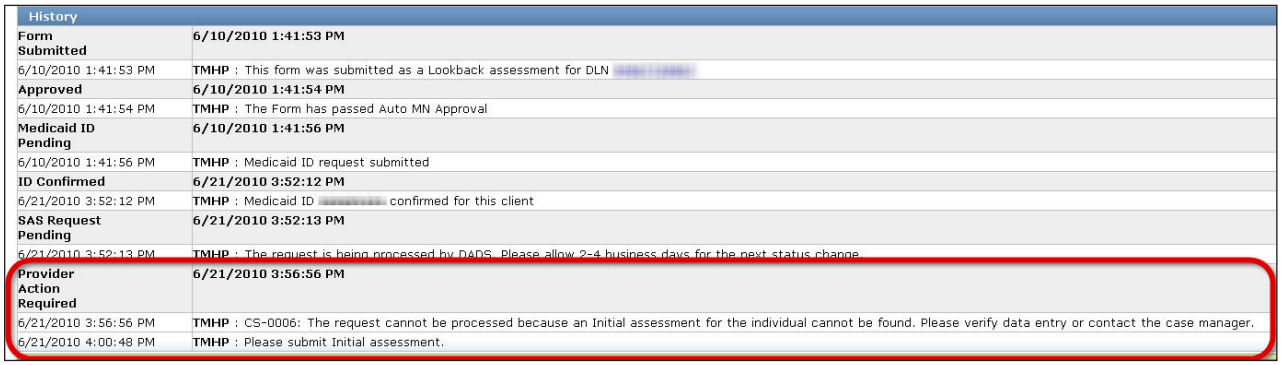
4. Click the "Save" button to save your note or the "Cancel" button to erase your note, located under the text box.



History	
Form Submitted	**7/17/2014 9:33:38 AM**
Pending Review	**7/17/2014 9:33:44 AM**
7/17/2014 9:33:44 AM	**TMHP** : The Form has failed Auto MN Approval
Pending Denial (need more information)	**7/23/2014 12:42:52 PM**
8/1/2014 2:47:41 PM	**TMHP** : Form was sent to Denial Inventory after 21 days expired
8/1/2014 2:52:13 PM	**TMHP** : Form was sent to Denial Inventory after 21 days expired
8/11/2014 11:46:55 AM	**Ltconlineuser** : Form notes have been updated. Form has been re-submitted for nurse review.

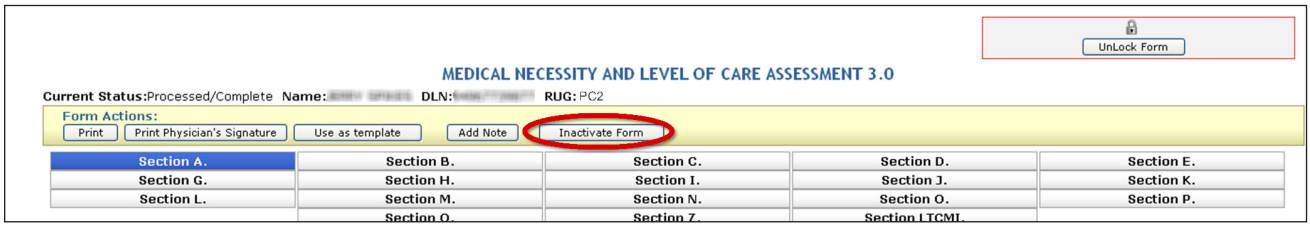
Note: *If unsure why an assessment is set to status* **Pending Denial (need more information)**, *call the TMHP Help Desk (1-800-626-4117, Option 2) to speak with a nurse. If "Add Note" is chosen for any assessment set to status* **Pending Denial (need more information)**, *the assessment will be reviewed again for MN. If the nurse is unable to approve the assessment with the additional information provided, the assessment will be sent to the TMHP Medical Director for review and determination of MN. Notes added in any status other than* **Pending Denial (need more information)** *are added to the history of the assessment but are not reviewed by TMHP.*

Note: *State staff are able to add notes to an MN/LOC Assessment to assist a provider in resolving their assessment-related issue(s) for those assessments set to status* **Provider Action Required** *or* **Submitted to CS**. *Providers should look for these notes in the History trail of the MN/LOC Assessment.*



Inactivate Form

The Inactivate Form feature allows providers to inactivate an MN/LOC Assessment. Once inactivated, the assessment will not be available for further processing. Inactivations are not allowed if an assessment is set to status ***Corrected***, ***Form Inactivated***, or ***SAS Request Pending***. Inactivated assessments may be used as templates via the "Use as template" feature.



Note: *The steps to inactivate an assessment will be covered in the "Inactivations" section.*

Save as Draft

The Save as Draft feature allows users to save unfinished assessments on the LTC Online Portal. Once saved, these drafts will be accessible by all users under the vendor/contract number to which the draft is linked. The user may access the draft by clicking the **Drafts** link located on the blue navigational bar.

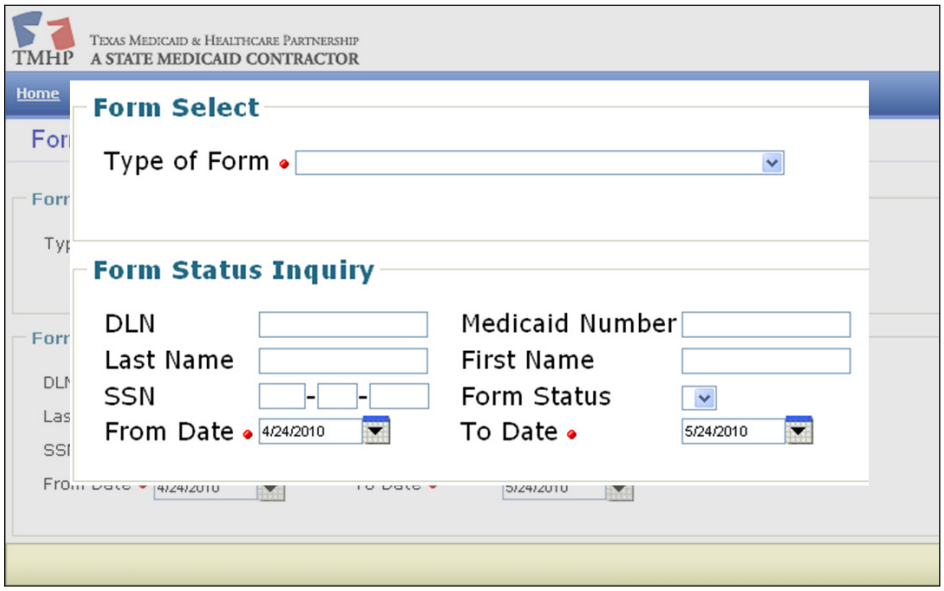
Note: *The "Save as Draft" button will only display in the yellow Form Actions bar until the assessment being entered has been successfully submitted on the portal. Drafts will display for 60 days only.*



Other Basic Information

Required Fields

Within the LTC Online Portal, red dots indicate required fields. Fields without the red dot are optional.



History

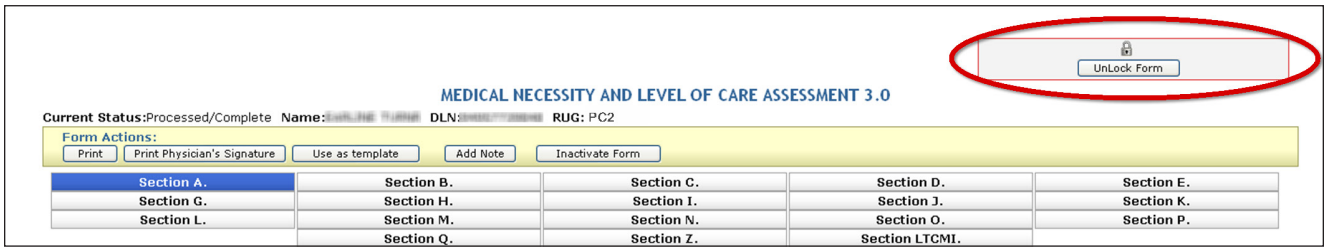
An assessment's history can be found by scrolling down to the bottom of the screen of on an open assessment. This History trail shows the different statuses the assessment has held. The most recent status will appear at the bottom.

History	
Form Submitted	**6/27/2014 2:28:11 PM**
Pending Review	**6/27/2014 2:28:18 PM**
6/27/2014 2:28:18 PM	**TMHP** : The Form has failed Auto MN Approval
Pending Denial (need more information)	**7/3/2014 8:44:38 AM**
7/9/2014 9:42:12 AM	**TMHP** : MN LOC REVIEWED NO ADDITIONAL INFORMATION OBTAINED.
Pending Review	**7/9/2014 9:42:14 AM**
7/9/2014 9:42:14 AM	**TMHP** : Form notes have been updated. Form has been re-submitted for nurse review.
Pending Denial (need more information)	**7/9/2014 10:15:28 AM**
Denied	**7/10/2014 7:59:59 AM**

UnLock Form

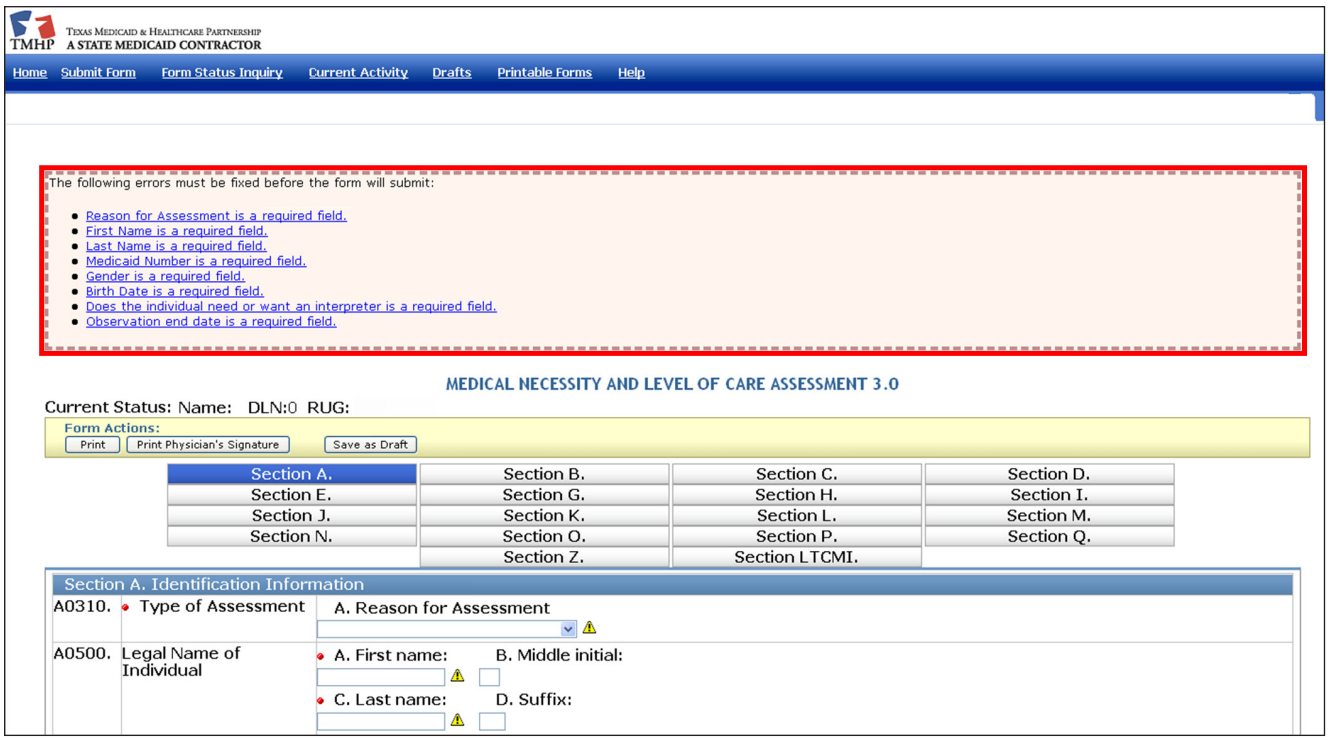
Upon opening, the assessment becomes automatically locked by the viewer and will remain locked for 20 minutes of no activity or until the viewer clicks the "UnLock Form" button. The UnLock Form button will unlock the assessment so that a different user can make changes. If an assessment is locked, others will not be able to make changes or add additional information. You may be asked to unlock an assessment if you are seeking assistance from TMHP or DADS.

To unlock an assessment, click the "UnLock Form" button located at the top right corner of the screen.



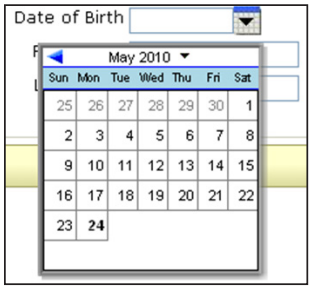
Error Messages

If required information is missing or information is invalid, an error message(s) will display, and you will not be able to continue to the next step until the error is resolved. You may need to scroll to the top of the screen to find the error message(s) since the error message(s) will be displayed at the top. If you click an error message hyperlink, you will automatically go to the field containing the error.



Entering Dates

To enter dates, you have the option to click on the calendar icon next to any of the date fields to activate the dynamic calendar. Choose the date desired. Or, you may manually enter the date using the mm/dd/yyyy format.

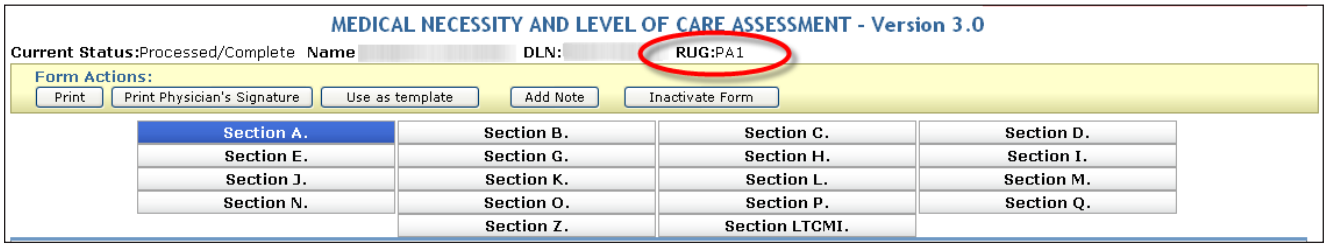


Timeout

The LTC Online Portal will timeout after 20 minutes of no activity. To prevent this timeout from occurring, complete and submit the assessment within 20 minutes or click on a different tab (e.g., Section A) to reset the timer, then return to the previous tab.

RUG Value

Resource Utilization Group (RUG) is used to classify relative direct care resource requirements for individuals who live in a Nursing Facility (NF) and to establish the cost limit for community services consumers in the Community Based Alternatives (CBA), MDCP Waivers, and STAR+PLUS. Once an individual assessment is open, the RUG value can be found next to the DLN, as seen in the screen shot below.



Medical Necessity and Level of Care 3.0 Assessment

MN/LOC Assessments are submitted to determine MN for individuals in the community and for Medicaid reimbursement.

There are three reasons to submit an MN/LOC 3.0 Assessment:

- A0310A = 01. Initial Assessment
- A0310A = 03. Annual Assessment
- A0310A = 04. Significant Change in Status Assessment (SCSA), submitted when authorized by the DADS case manager due to changes in the medical condition of the individual.

  Note: *A SCSA does not apply for PACE. For CBA and MDCP refer to the program handbook to determine if a SCSA must be authorized prior to submission on the TMHP LTC Online Portal. For Managed Care Organizations (MCO) STAR+PLUS the SCSA is completed but not submitted on the LTC Online Portal.*

Significant Change in Status Assessment Submission Guidelines

The LTC Online Portal will accept SCSA submissions only when there is a record of previously approved MN found within the past 365 calendar days for the individual.

If there is no approved MN within the past 365 calendar days, the SCSA will not be accepted onto the LTC Online Portal and the following error message will display:



The LTC Online Portal will not accept SCSA submissions if the latest approved MN Assessment found for an individual is within the 365 calendar day limit, and is set to one of the following pending statuses:

- ***Pending Nurse Review***
- ***Pending Denial***
- ***Denial Inventory***
- ***Pending Doctor Review***

In the above circumstance the following error message will display:

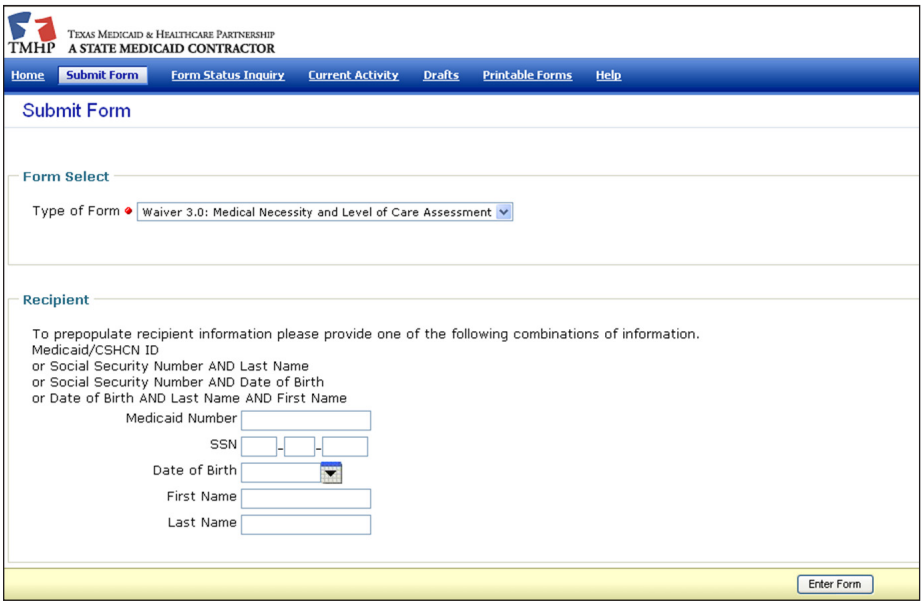


Note: *Health Maintenance Organizations (HMOs) complete the SCSA but do not submit on the LTC Online Portal. Print and keep in the individual's records.*

All assessments must be submitted through the LTC Online Portal.

How to Submit a Medical Necessity and Level of Care Assessment

1. Log in to the LTC Online Portal.
2. Click the **Submit Form** link located in the blue navigational bar.
3. Type of Form: Choose **Waiver 3.0: Medical Necessity and Level of Care Assessment** from the drop-down box.



4. To auto populate an individual's information in the MN/LOC Assessment, enter one of the following combinations of information:
   - Medicaid/Children with Special Health Care Needs (CSHCN) Services Program ID

     or
   - Social Security number (SSN) *and* Last Name

     or
   - SSN *and* Date of Birth

     or
   - Date of Birth *and* Last Name *and* First Name

Note: *All demographic information (except gender) is auto populated when one of the aforementioned data items is entered. Refer to the demographic information located in Section A and section LTCMI of the MN/LOC Assessment.*

5. Click the "Enter Form" button.
6. Click the tabs ("Section A," "Section B," etc.) and enter the assessment information.

   For Initial Assessments only, the following is required:

   a. Click the "Print Physician's Signature" button and print the signature page and obtain the MD/DO signature.

b. Click the "Save as Draft" button to save the MN/LOC Assessment to be recalled later.

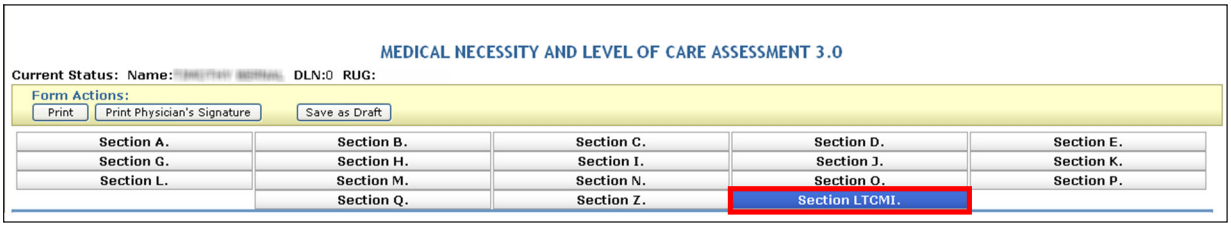


c. Once the physician's signature has been obtained, click the **Drafts** link in the blue navigational bar.

d. Click the **Open** link.



e. Click the "Section LTCMI" tab. Check the box indicating the physician's signature is on file.

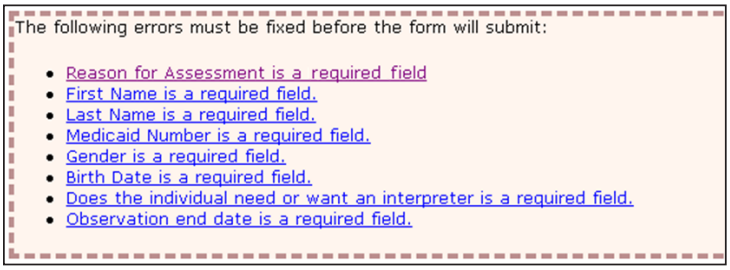


7. Click the "Submit Form" button.

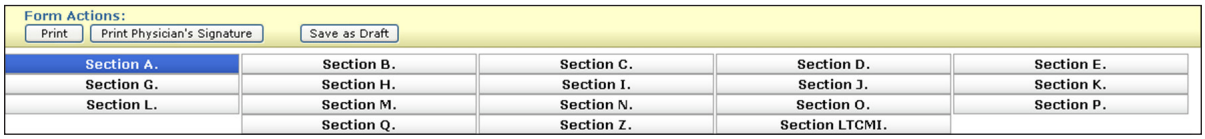
a. If the assessment is submitted successfully, a DLN will be assigned and the following message will be displayed:



b. If an assessment is not successfully submitted, an error message will appear at the top of the screen. The provider must resolve the error(s) to ensure the assessment will be submitted successfully. The error message will prompt the provider as to how to resolve the error or save to draft for research and correction at a later date. If the provider is unable to resolve the error, they may contact TMHP for assistance.



MN/LOC 3.0 Assessment Sections



- Section A: Identification Information
- Section B: Hearing, Speech, and Vision
- Section C: Cognitive Patterns
- Section D: Mood
- Section E: Behavior
- Section G: Functional Status
- Section H: Bladder and Bowel
- Section I: Active Diagnoses
- Section J: Health Conditions
- Section K: Swallowing/Nutritional Status
- Section L: Oral/Dental Status
- Section M: Skin Conditions
- Section N: Medications
- Section O: Special Treatments, Procedures, and Programs
- Section P: Restraints
- Section Q: Participation in Assessment and Goal Setting
- Section Z: Assessment Administration
- Section LTCMI: LTC Medicaid Information

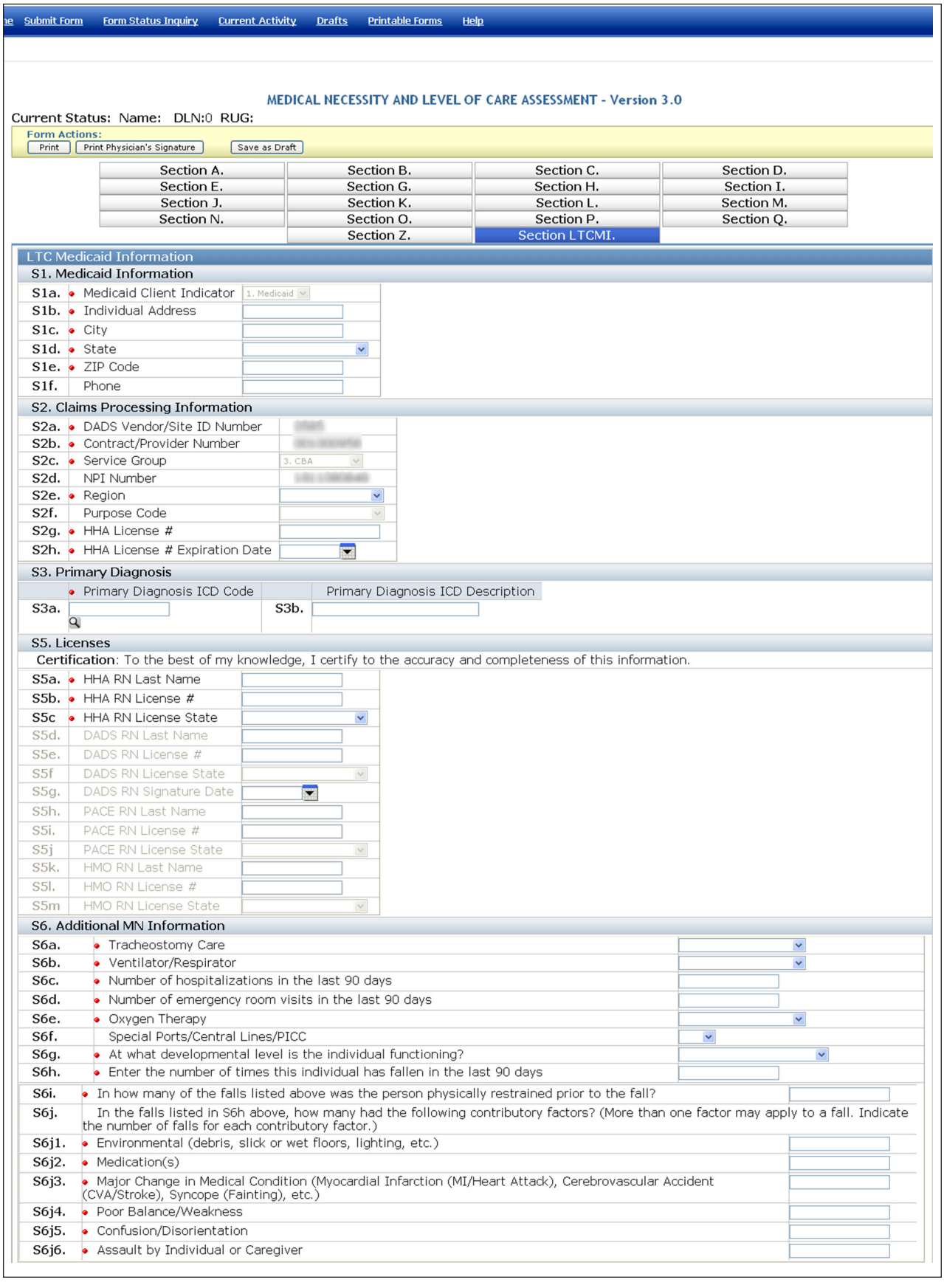
Detailed explanations of the MN/LOC Assessment sections can be found at the following locations:

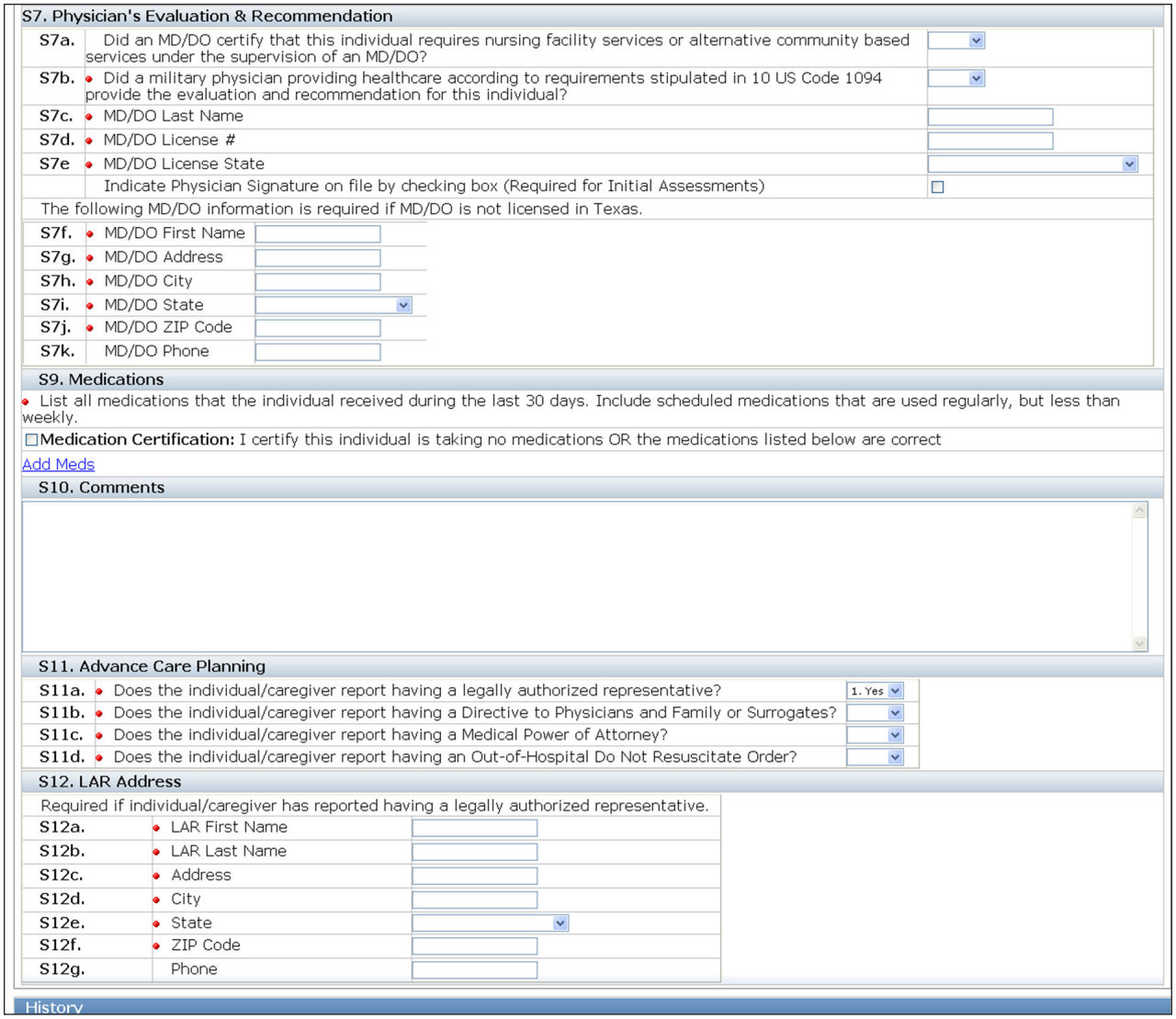
- Go to **www.tmhp.com/Pages/LTC/LTC_Forms.aspx** and click the **Medical Necessity and Level of Care 3.0 Instructions** link found under the Community Waivers Programs heading.
- Click the **Help** link in the blue navigational bar and click the **Medical Necessity and Level of Care 3.0 Instructions** link.

Blank MN/LOC Assessments can be found at the following locations:

- Go to **www.tmhp.com/Pages/LTC/LTC_Forms.aspx** and click the **Medical Necessity and Level of Care 3.0 Assessment** link found under the Community Waivers Programs heading.
- Click the **Printable Forms** link in the blue navigational bar and click the **Waiver 3.0 MN and LOC** link.

Long Term Care Medicaid Information (LTCMI)





- **S1. Medicaid Information.**
  - S1a. Medicaid Client Indicator.

    Auto Populated.
    - This field will be auto populated.
  - S1b. Individual Address.

    Required.
    - Enter the street address where the individual is presently living.
    - Individual's Address is used for mailing MN letters.
  - S1c. City.

    Required.
    - Enter the city where the individual is presently living.
    - Individual's Address is used for mailing MN letters.

- S1d. State.

  Required.

  - Choose the state where the individual is presently living from the drop-down box.
  - Individual's Address is used for mailing MN letters.

- S1e. ZIP Code.

  Required.

  - Enter the ZIP Code where the individual is presently living.
  - Individual's Address is used for mailing MN letters.

- S1f. Phone.

  Optional.

  - Enter the contact telephone number for the individual, if known.

- **S2. Claims Processing Information.**

- S2a. DADS Vendor/Site ID Number.

  Auto Populated.

  - This field will be auto populated based on the user's logon security credentials.

- S2b. Contract/Provider Number.

  Auto Populated.

  - This field will be auto populated.

- S2c. Service Group.

  Required.

  - Choose from the drop-down box:
    - 3. CBA
    - 11. PACE
    - 18. MDCP
    - 19. STAR+PLUS

- S2d. NPI Number.

  Required.

  - This field will be auto populated.
    This is where API would be entered if using an API number. API is "D," two zeros, then contract number (MDCP nurses use an API).

- S2e. Region.

  Required.

  - Choose from the drop-down box:
    - 01 (Lubbock)
    - 02 (Abilene)
    - 03 (Grand Prairie)
    - 04 (Tyler)
    - 05 (Beaumont)
    - 06 (Houston)
    - 07 (Austin)
    - 08 (San Antonio)
    - 09 (Midland / Odessa)
    - 10 (El Paso)
    - 11 (Edinburg)
- S2f. Purpose Code.
  - Purpose Code is auto populated when a Utilization Review (UR) is submitted by a DADS RN. For Initial, Annual, and SCSA Assessments, this field is not available for data entry.
  - Purpose Code 1 is used for UR only.
  - S2f indicates DADS has submitted a UR on a previously submitted provider assessment for Service Groups (SG) 3 CBA, and SG 18 MDCP.

  Note: *DADS RNs perform Utilization Reviews. A UR will override the previously submitted assessment.*
- S2g. Home Health Agency (HHA) License #.

  Required.

  If you work for a Home Health Agency:
  - Enter the Home Health Agency License number.
  - HHA License # must be up to seven numeric digits.

  If you do not work for a Home Health Agency:
  - Enter all zeros.
- S2h. HHA License # Expiration Date.

  Required.
  - Enter the license expiration date of the Home Health Agency License number.
  - HHA License # Expiration Date must be in mm/dd/yyyy format.

- **S3. Primary Diagnosis.**
  - S3a. Primary Diagnosis International Classification of Diseases (ICD) Code.

    Required.
    - Enter a valid ICD code for the individual's primary diagnosis. Use your best clinical judgment.

- S3b. Primary Diagnosis ICD description.

  Optional.

  - Click the magnifying glass and the description will be auto populated based on the primary diagnosis ICD code.

- **S4. For DADS use only.**
  - When a successfully submitted LTCMI is printed, field S4b will show the calculated RUG value.

    Note: *The RUG value also appears at the top of each page on all successfully submitted MN/LOC Assessments.*

- **S5. Licenses.**

  Certification: To the best of my knowledge, I certify to the accuracy and completeness of this information.

  - S5a. HHA RN Last Name.

    Conditional.

    - This is a required field for Service Group (SG) 3 CBA.
    - Enter the last name of the RN completing the assessment.
  - S5b. HHA RN License #.

    Conditional.

    - This is a required field for Service Group (SG) 3 CBA.
    - Enter the license number of the RN.
    - Licenses issued in Texas will be validated against the Texas BON (Board of Nursing). Compact licenses will be validated with the issuing state's nursing board.
    - This number is validated to ensure RUG training requirements have been met.
  - S5c. HHA RN License State.

    Conditional.

    - This is a required field for Service Group (SG) 3 CBA.
    - Choose the state in which the RN is licensed from the drop-down box.
  - S5d. DADS RN Last Name.

    Conditional.

    - This is a required field for SG 18 MDCP, Purpose code = 1 (UR).
    - Enter the last name of the RN completing the assessment.
  - S5e. DADS RN License #

    Conditional.

    - This is a required field for SG 18 MDCP, Purpose code = 1 (UR).
    - Enter the license number of the RN.
    - Licenses issued in Texas will be validated against the Texas BON. Compact licenses will be validated with the issuing state's nursing board.
    - This number is validated to ensure RUG training requirements have been met.
  - S5f. DADS RN License State.

    Conditional.

    - This is a required field for SG 18 MDCP, Purpose code = 1 (UR).
    - Enter the state in which the RN is licensed.

- S5g. DADS RN Signature Date.

  Conditional.

  - This is a required field for SG 18 MDCP, Purpose code = 1 (UR).
  - Enter the date the DADS RN signed the assessment as being complete.

  DADS RN Signature.

  - DADS RN must sign assessment as being complete.
- S5h. PACE RN Last Name.

  Conditional.

  - This is a required field for SG 11 PACE.
  - Enter the last name of the RN completing the assessment.
- S5i. PACE RN License #.

  Conditional.

  - This is a required field for SG 11 PACE.
  - Enter the license number of the RN.
  - Licenses issued in Texas will be validated against the Texas BON. Compact licenses will be validated with the issuing state's nursing board.
  - This number is validated to ensure RUG training requirements have been met.
- S5j. PACE RN License State.

  Conditional.

  - This is a required field for SG 11 PACE.
  - Choose the state in which the RN is licensed from the drop-down box.
- S5k. HMO RN Last Name

  Conditional.

  - This is a required field for SG 19 STAR+PLUS.
  - Enter the last name of the RN completing the assessment.
- S5l. HMO RN License #.

  Conditional.

  - This is a required field for SG 19 STAR+PLUS.
  - Enter the license number of the RN.
  - Licenses issued in Texas will be validated against the Texas BON. Compact licenses will be validated with the issuing state's nursing board.
  - This number is validated to ensure RUG training requirements have been met.
- S5m. HMO RN License State.

  Conditional.

  - This is a required field for SG 19 STAR+PLUS.
  - Choose the state in which the RN is licensed from the drop-down box.

- **S6. Additional MN Information.**
  - S6a. Tracheostomy Care.

    Conditional.

    › This field is only required and available for data entry if O0100E, Tracheostomy care, is checked *and* the individual is 21 years of age or younger.

    › Choose from the drop-down box:

    1. Less than once a week
    2. 1 to 6 times a week
    3. Once a day
    4. Twice a day
    5. 3 – 11 times a day
    6. Every 2 hours
    7. Hourly / continuous

  - S6b. Ventilator/Respirator (Do not include BiPAP or CPAP time).

    Conditional.

    › This field is only required and available for data entry if O0100F, ventilator or respirator, is checked.

    › Choose from the drop-down box:

    1. Less than once a week
    2. 1 to 6 times a week
    3. Once a day
    4. Twice a day
    5. 3 – 11 times a day
    6. 6 – 23 hours
    7. 24-hour continuous

  - S6c. Number of hospitalizations in the last 90 days.

    Required.

    › Record the number of times the individual was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days).

    › Enter 0 (zero) if no hospital admissions.

    › Valid range includes 0 – 90.

  - S6d. Number of emergency room visits in the last 90 days.

    Required.

    › Record the number of times the individual visited the emergency room (ER) without an overnight stay in the last 90 days (or since last assessment if less than 90 days).

    › Enter 0 (zero) if no ER visits.

    › Valid range includes 0 – 90.

– S6e. Oxygen Therapy

  Conditional.

  This field is only required and available for data entry if O0100C, Oxygen therapy, is checked.

  › Choose from the drop-down box:

    1. Less than once a week
    2. 1 to 6 times a week
    3. Once a day
    4. Twice a day
    5. 3 – 11 times a day
    6. 6 – 23 hours
    7. 24-hour continuous

– S6f. Special Ports/Central Lines/PICC.

  Optional.

  › Use this field to indicate if the individual has any type of implantable access system or central venous catheter (CVC). This includes epidural, intrathecal, or venous access or Peripherally Inserted Central Catheter (PICC) devices. This does *not* include hemodialysis or peritoneal dialysis access devices.

  › Choose from the drop-down box:

    0. N = none present
    1. Y = 1 or more implantable access system or CVC
    2. U = unknown

– S6g. At what developmental level is the individual functioning?

  Conditional.

  › This is a required field for all assessments for individuals who are 20 years of age and younger based on birth date minus date of submission (TMHP Received date). Not available for data entry if the individual is 21 years of age or older.

  › Choose from the drop-down box:

    – Unknown or unable to assess
    1. < 1 Infant
    2. 1 – 2 Toddler
    3. 3 – 5 Pre-School
    4. 6 – 10 School age
    5. 11 – 15 Young Adolescence
    6. 16 – 20 Older Adolescence

– S6h. Enter the number of times this individual has fallen in the last 90 days.

  Required.

  › Record number of times the individual has fallen in the last 90 days. Enter 0 (zero) if no falls.

  › Each fall should be counted separately. So, if the individual has fallen multiple times in one day, count each fall individually.

  › Valid range includes 0 – 999.

- S6i. In how many of the falls listed in S6h above was the individual physically restrained prior to the fall?

  Conditional.

  - This is a required field only if S6h indicates the individual has fallen.
  - Valid range includes 0 with a maximum being the number entered in S6h.
  - Enter 0 if no falls when the individual was physically restrained prior to the fall.
- S6j. In the falls listed in S6h above, how many had the following contributory factors?

  Required

  - More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.
    - S6j1 - Environmental (debris, slick or wet floors, lighting, etc.).

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.
    - S6j2 - Medication(s).

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.
    - S6j3 - Major Change in Medical Condition (Myocardial Infarction [MI/Heart Attack], Cerebro-vascular Accident [CVA/Stroke], Syncope [Fainting], etc.).

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.
    - S6j4 - Poor Balance/Weakness.

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.
    - S6j5 - Confusion/Disorientation.

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.
    - S6j6 - Assault by Individual or Caregiver.

      Conditional.

      - This field is required only if S6h indicates the individual has fallen.
      - Valid range includes 0 with a maximum being the number entered in S6h.

- **S7. Physician's Evaluation & Recommendation.**
  - S7a. Did an MD/DO certify that this individual requires Nursing Facility services or alternative community-based services under the supervision of an MD/DO?

    Required.

    › In order to meet the requirements for these community programs, the individual must require Nursing Facility services or alternative community-based services under the supervision of an MD or DO. Submission of the assessment will not be allowed on the LTC Online Portal if No is selected.

    › This is a required field for the Initial Assessment. This field is optional for Annual and SCSA Assessments.

    › Choose from the drop-down box:

    1. No
    2. Yes

  - S7b. Did a military physician providing health care according to requirements stipulated in 10 US Code 1094 provide the evaluation and recommendation for this individual?

    Required.

    › If the licensed physician providing health care to this individual is practicing in a health-care facility of the Department of Defense (DOD), a civilian facility affiliated with the DOD, or any other location authorized by the Secretary of Defense, and is not licensed by the State of Texas, answer Yes to this item.

    › Choose from the drop-down box:

    1. No
    2. Yes

  - S7c. MD/DO Last Name.

    Required.

    › Enter the last name of the MD/DO.

    Note: *The physician listed in sections S7c, S7d, and S7e is the physician on record that receives the MN determination letter.*

  - S7d. MD/DO License #.

    Required.

    › Enter the license number of the MD/DO.

    › This number is validated against the appropriate State Medical Board file.

    › Physicians are not required to complete the RUG training.

    Note: *The physician's licensing information is a vital piece of information. Therefore, the physician's license number is required on all MN/LOC submissions, regardless of the Reason for Assessment (A0310A).*

  - S7e. MD/DO License State.

    Required.

    › Choose the state in which the MD/DO is licensed from the drop-down box.

  - Indicate Physician Signature on file by checking box.

    The box under the License State is required to be checked for Initial Assessments, it is optional for Annual and SCSA Assessments.

    Fields S7f through S7j is required information if the MD/DO is *not* licensed in Texas.

Enter the address and telephone number of the facility in which the physician providing the evaluation and recommendation practices in S7g-S7k. ***This information will be used to mail MN determination letters.***

– S7f. MD/DO First Name.

  Conditional.

  › This field is required if the MD/DO is not licensed in Texas.

  › Enter the first name of the individual's MD/DO.

  › This information is used to mail MN determination letters.

– S7g. MD/DO Address.

  Conditional.

  › This field is required if the MD/DO is not licensed in Texas.

  › Enter the street address of the individual's MD/DO.

  › This information is used to mail MN determination letters.

– S7h. MD/DO City.

  Conditional.

  › This field is required if the MD/DO is not licensed in Texas.

  › Enter the city of the individual's MD/DO mailing address.

  › This information is used to mail MN determination letters.

  › If a city has a hyphen in the city name, replace the hyphen with a space.

  › If a city has an apostrophe in the city name, enter the city name without the apostrophe.

– S7i. MD/DO State.

  Conditional.

  › This field is required if the MD/DO is not licensed in Texas.

  › Choose the state of the individual's MD/DO mailing address from the drop-down box.

  › This information is used to mail MN determination letters.

– S7j. MD/DO ZIP Code.

  Conditional.

  › This field is required if the MD/DO is not licensed in Texas.

  › Enter the ZIP Code of the individual's MD/DO mailing address.

  › This information is used to mail MN determination letters.

– S7k. MD/DO Phone.

  Optional.

  › This field is optional if the MD/DO is not licensed in Texas.

  › Enter the telephone number of the individual's MD/DO.

  › This information is used to contact MD/DO if necessary.

- **S9. Medications**

  30-Day Look-back

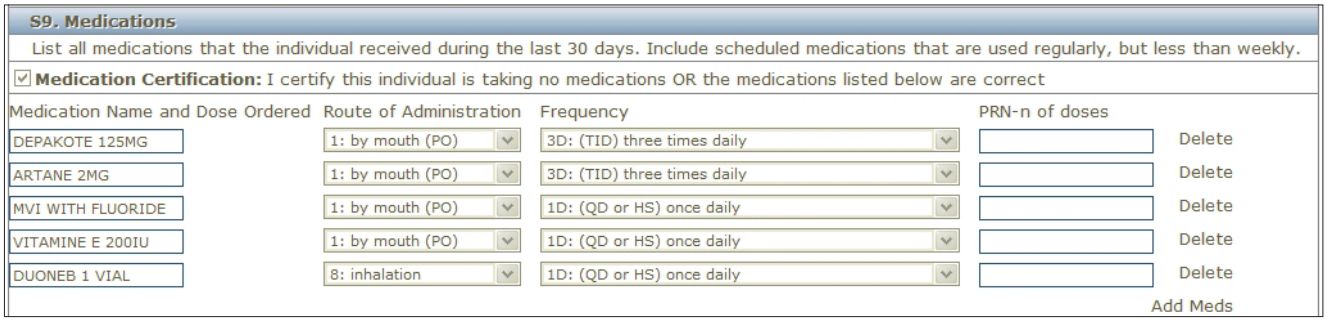
  – Medication Certification. I certify this individual is taking no medications *or* the medications listed below are correct.

    Required.

    › Check the Medication Certification box to verify that the individual has no medications *or* that the individual has medications and that they are listed correctly in the medication table to include name, dose, route of administration (RA), frequency (Freq), and as necessary – number of doses (PRN-n).

  When a medication is added, the information that is required to be entered is:

  – Medication Name and Dose Ordered
  – Route of Administration
  – Frequency
  – PRN - Number of doses (required if the frequency chosen is PRN)



- **S10. Comments.**

  Optional.

  The comments field allows up to 500 characters to be entered. It is essential to include signs and symptoms that present an accurate picture of the individual's condition. The "Comments" section can be used for additional qualifying data that indicates the need for skilled nursing care, such as:

  – Pertinent medical history.
  – Ability to understand medications.
  – Ability to understand changes in condition.
  – Abnormal vital signs.
  – Previous attempts at outpatient management of medical condition.
  – Results of abnormal lab work.

- **S11. Advanced Care Planning.**

  What is Advance Care Planning?

  Advance care planning means planning ahead for how the individual wants to be treated if ill or near death. Sometimes when people are in an accident or have an illness that will cause them to die, they are not able to talk or to let others know how they feel.

  Advance care planning is a five-step process that should be discussed with the individual.

  1. Thinking about what you would want to happen if you could not talk or communicate with anyone.
  2. Finding out about what kind of choices you will need to make if you become very ill at home, in a nursing home, or in a hospital.
  3. Talking with your family and doctor about how you want to be treated.
  4. Filling out papers that spell out what you want if you are in an accident or become sick.
  5. Telling people what you have decided.

  – S11a. Does the individual/caregiver report having a legally authorized representative?

    Required.

    › Legally Authorized Representative is a person authorized by law to act on behalf of a person, and may include a parent, guardian, or managing conservator of a minor, or the guardian of an adult.

    › Choose from the drop-down box:

      0. No

      1. Yes

  – S11b. Does the individual/caregiver report having a Directive to Physicians and Family or Surrogates?

    Required.

    › Directive to Physician is a document that communicates an individual's wishes about medical treatment at some time in the future when he or she is unable to make their wishes known because of illness or injury.

    › Choose from the drop-down box:

      0. No

      1. Yes

  – S11c. Does the individual/caregiver report having a Medical Power of Attorney?

    Required.

    › Choose from the drop-down box:

      0. No

      1. Yes

- S11d. Does the individual/caregiver report having an Out-of-Hospital Do Not Resuscitate Order?

  Required.

  - What is an Out-of-Hospital Do Not Resuscitate Order (OOHDNR)?
  - This form is for use when an individual is not in the hospital. It lets the person tell health-care workers, including Emergency Medical Services (EMS) workers, *not* to do some things if the person stops breathing or their heart stops. If an individual does not have one of these forms filled out, EMS workers will *always* give the person Cardiopulmonary Resuscitation (CPR) or advanced life support, even if the advance care planning forms say not to. A person should complete this form as well as the Directive to Physicians and Family or Surrogates and the Medical Power of Attorney form if they do *not* want CPR.
  - Choose from the drop-down box:

    0. No

    1. Yes

- **S12. Legally Authorized Representative (LAR) Address.**

  Note: *In the future, this information may be used to send MN determination letters to the LAR when indicated on the assessment.*

  - S12a. LAR First Name.

    Conditional.

    - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
    - Enter the first name of the Legally Authorized Representative.
  - S12b. LAR Last Name.

    Conditional.

    - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
    - Enter the last name of the Legally Authorized Representative.
  - S12c. Address.

    Conditional.

    - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
    - Enter the street address of the Legally Authorized Representative.
  - S12d. City.

    Conditional.

    - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
    - Enter the city of the Legally Authorized Representative.
    - If a city has a hyphen in the city name, replace the hyphen with a space.
    - If a city has an apostrophe in the city name, enter the city name without the apostrophe.

- S12e. State.

  Conditional.

  - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
  - Enter the state of the Legally Authorized Representative.

- S12f. ZIP Code.

  Conditional.

  - This is a required field if S11a is indicated as 1. Yes, Does the individual report having a legally authorized representative?
  - Enter the ZIP Code of the Legally Authorized Representative.

- S12g. Phone.

  Optional.

  - Enter the contact telephone number for the Legally Authorized Representative, if known.

Medical Necessity and the MN Determination Process

Definition of Medical Necessity

Texas Administrative Code (TAC), Title 40, Part 1, Chapter 19, includes the state rules governing licensed only Nursing Facilities and Medicaid Nursing Facilities. 40 TAC §19.101 (73) states:

> Medical Necessity is the determination that a recipient requires the services of licensed nurses in an institutional setting to carry out the physician's planned regimen for total care. A recipient's need for custodial care in a 24-hour institutional setting does not constitute a medical need. A group of health-care professionals employed or contracted by the Medicaid claims administrator contracted with HHSC makes individual determinations of Medical Necessity regarding Nursing Facility care. These health-care professionals consist of physicians and registered nurses.

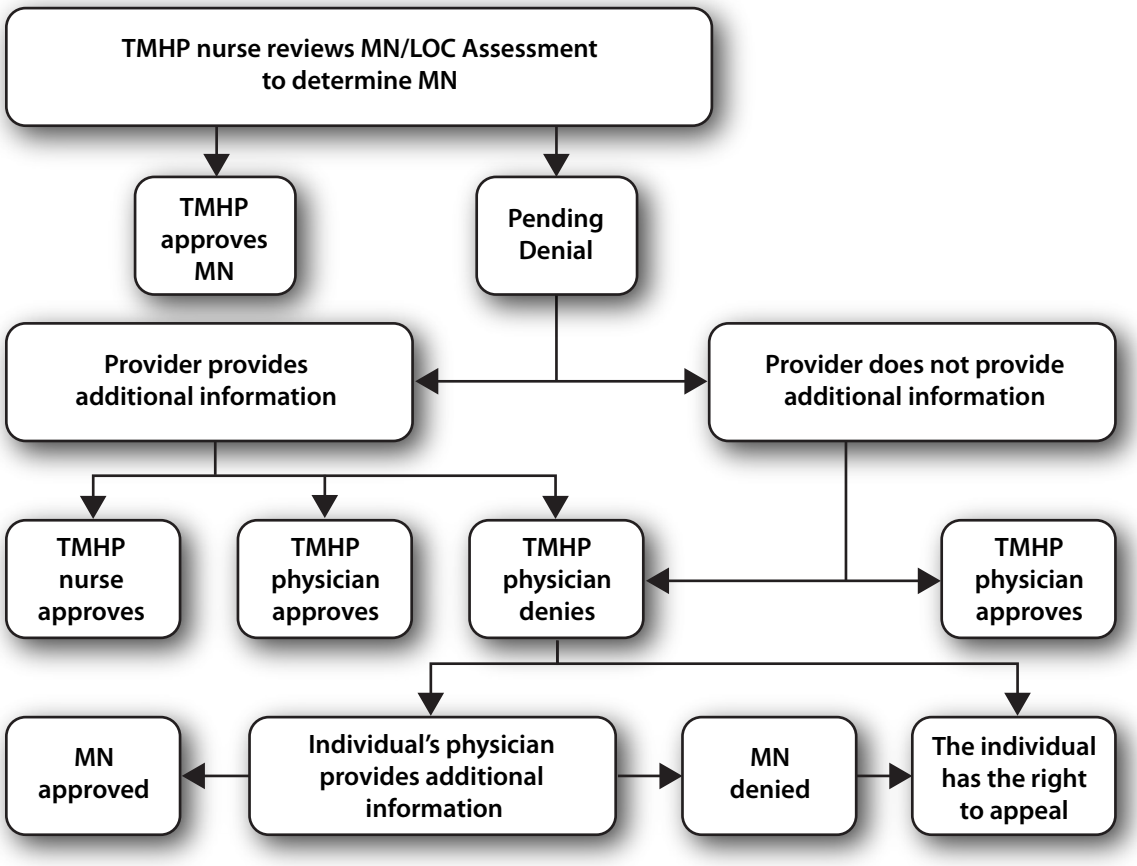
General Qualifications for Medical Necessity Determinations

TAC Title 40, Part 1, Chapter 19, §19.2401 states:

> Medical Necessity is the prerequisite for participation in the Medicaid (Title XIX) Long-term Care program. This section contains the general qualifications for a Medical Necessity determination. To verify that Medical Necessity exists, an individual must meet the conditions described in paragraphs (1) and (2) of this section.
>
> (1) The individual must demonstrate a medical condition that:
>
> (A) is of sufficient seriousness that the individual's needs exceed the routine care which may be given by an untrained person; and
>
> (B) requires licensed nurses' supervision, assessment, planning, and intervention that are available only in an institution.
>
> (2) The individual must require medical or nursing services that:
>
> (A) are ordered by the physician;
>
> (B) are dependent upon the individual's documented medical conditions;
>
> (C) require the skills of a registered nurse or licensed vocational nurse;
>
> (D) are provided either directly by or under the supervision of a licensed nurse in an institutional setting; and
>
> (E) are required on a regular basis.

Note: *MN is not the only prerequisite to qualify for LTC Medicaid Community Services Waiver programs.*

Medical Necessity Determination Process



This flowchart provides a high-level overview of the process used for determination of MN.

1. The TMHP nurse has five business days to review assessments and determine MN.

   TMHP systems automatically review specific criteria on the assessments. If the criteria are appropriately met, the assessment is automatically approved. If not, the provider will see "The Form has failed Auto MN Approval" displayed in the History trail of the assessment. The assessment will then be sent to a nurse for manual MN review. The assessment will be set to status ***Pending Review*** on the FSI search results. However, the last message showing in the History trail will be "The Form has failed Auto MN Approval."

2. Once reviewed, the assessment is either approved (meeting MN) or set to status ***Pending Denial (need more information)*** for up to 21 calendar days. FSI or Current Activity will allow the provider to view the status of an assessment during the MN determination process.

3. The provider may supply additional information clarifying nursing/medical needs through the "Add Note" feature on the LTC Online Portal or by calling TMHP and speaking with a TMHP nurse.

4. If the TMHP nurse determines that MN has been met, the assessment is approved.

5. If the TMHP nurse still cannot determine any licensed nursing need, the individual's assessment is sent to the TMHP physician for an MN determination.

6. If the TMHP physician determines that MN has been met, the assessment is approved.

7. If the MN is denied by the TMHP physician, notification of denied MN is sent to the individual and the physician of record, as specified in the LTCMI, via mail. The provider will have access to the status of the assessment via FSI or Current Activity on the LTC Online Portal.

8. The attending physician may respond within 14 business days of the date of the denial letter by faxing or calling TMHP with additional medical information (TAC Title 40, Part 1, Chapter 19, §19.2407). Or, a licensed nurse familiar with the individual may provide additional information by calling and speaking with a TMHP nurse.

9. If the TMHP physician or nurse determines that MN has been met, the assessment is approved.

10. If the TMHP physician determines that MN has not been met, the assessment remains in a ***denied*** status.

11. If the provider does not provide additional information clarifying nursing/medical needs within the 21 calendar days of ***Pending Denial (need more information)*** status, the assessment is sent to the TMHP physician for review, and steps 7 – 11 will apply.

12. The individual may initiate the appeal process when notified by a DADS case manager via the Form 2065-C, that MN has been denied by the TMHP physician. If a hearing is requested, additional information may be submitted at any time by the provider or by the individual's physician either via a telephone call to the TMHP nurses or via fax.

Note: *At any point, providers can check the status of the assessment and the MN determination for the assessment by utilizing the LTC Online Portal features FSI or Current Activity.*

Request for Fair Hearing

A fair hearing is an informal, orderly, and readily available proceeding held before an impartial health and human services enterprise hearing officer. At the hearing, an individual/applicant (appellant), or their representative, including legal counsel, may present the case as they wish to show that any action, inaction, or agency policy affecting the case should be reviewed.

The individual or the individual's responsible party may request a fair hearing on behalf of the individual within 90 days from the notice of adverse action date.

For CBA and MDCP, if the individual is currently receiving services and requests a fair hearing on or before the last day of their annual service plan period, they may be able to continue receiving their current service(s) until the fair hearing is completed.

If a PACE participant receives a letter denying MN and giving them the right to request a fair hearing, the individual must request a fair hearing within twelve days of the date of the letter for Medicaid payment to continue until the fair hearing decision. Medicaid payment will continue if the individual was already receiving services.

Form 4803, Acknowledgement and Notice of Fair Hearing, serves as a notice of the fair hearing. It is sent to the appellant to acknowledge the receipt of a request for a hearing and to set a time, date, and place for the hearing. Form 4803 will be sent to all known parties and required witnesses at least ten calendar days in advance of the hearing.

The fair hearing is held at a reasonable place and time. They are normally scheduled in the order in which requests are received and are usually held via teleconference.

Appellants may present their own case, or bring a friend, relative, or attorney to present their case. DADS/Health and Human Services enterprise does not pay attorney fees. Appellants may request additional time to prepare for their case by contacting the hearing officer.

Appellants may request an interpreter at no cost. However, appellants must notify the hearing officer at least two days before the hearing if they are going to require an interpreter.

Before and during the hearing, appellants and their representatives have the right to examine the documents, records, and evidence that DADS will use. To see medical evidence before the hearing, the appellant must make a written request to the hearing officer. The appellant may bring witnesses and present facts and details about the case. The appellant may also question or disagree with any testimony or evidence that is presented by the department.

Appellants have the right to know all the information the hearing officer examines in making the decision. The laws and policies which apply to the appellant's case and the reasons for DADS' action will be explained.

The hearing officer will issue a final written order. The decision by the hearing officer is DADS' final administrative decision. If the appellant believes the hearing officer did not follow applicable policy and procedures, the appellant can submit a request for administrative review within 30 days of the date of the decision. The appellant submits the request for administrative review to the hearing officer, who will forward the request to the appropriate legal office for review.

Note: *The process for waiver managed care members and the MCOs to follow is included in the STAR+PLUS handbook (***http://www.dads.state.tx.us/handbooks/sph/index.htm***).*

Assessment Statuses

Providers can monitor the status of their MN/LOC Assessment by utilizing FSI or Current Activity on the LTC Online Portal. The status is shown within the FSI or Current Activity results or once a specific assessment is selected, the status can be located at the top of the page or at the bottom of the assessment in the History trail. The following are statuses that a provider may see, and their definition:

- ***Appealed:*** The assessment was previously denied and the individual or their representative has requested a fair hearing.
- ***Approved:*** MN has been determined and approved. Assessments that are MN approved will only stay in this status momentarily. They will automatically move to the next status in the workflow. This status is not searchable using FSI.
- ***Corrected:*** This assessment has been corrected by the submitting provider. There will be a new DLN located in the History trail indicating the replacement DLN for the corrected assessment. No further actions are allowed on assessments with a status of corrected.
- ***Denied:*** The assessment has been reviewed by the TMHP doctor who has determined that the information did not support MN.
- ***Escalated Needs Review:*** The assessment has been escalated to a DADS case manager for review.
- ***Form Inactivated:*** This assessment has been inactivated by the submitting provider. No further action will be allowed on this assessment.
- ***ID Invalid:*** Medicaid ID validation failed. Contact the Medicaid Eligibility Worker to verify the individual's name, SSN, and Medicaid ID. A new assessment with the correct information will need to be submitted.
- ***Invalid/Complete:*** Per DADS, this assessment has been deemed invalid. The reason can be found in the History trail. A new assessment must be submitted with the correct information.
- ***Med ID Check Inactive:*** Medicaid ID validation attempted nightly for six months and failed or the request was canceled. The provider may restart the assessment once the reason for failed validation has been resolved by the Medicaid Eligibility Worker by clicking the "Reactivate Form" button.
- ***Medicaid ID Pending:*** Medicaid ID validation is pending. Validation attempts occur nightly until deemed valid, invalid, or until six months has expired, whichever comes first. Contact the Medicaid Eligibility Worker to verify the individual's name, SSN, and Medicaid ID.
- ***Out of State MD/DO License Invalid:*** TMHP has performed a manual check on the out-of-state license and determined it to be invalid. If the information on the assessment is incorrect, the provider can submit a correction within 14 calendar days of original submission to correct the erroneous information. This status is only applicable for 3.0 Assessments.
- ***Out of State MD/DO License Valid:*** TMHP has performed a manual check on the out-of-state license and determined it to be valid. The assessment will continue through the workflow. This status is only applicable for 3.0 Assessments.

- ***Out-of-State RN License Invalid:*** TMHP has performed a manual check on the out-of-state license and determined it to be invalid. This often happens because the provider entered the wrong state. If the information on the assessment is incorrect, the provider can submit a correction within 14 calendar days of submission to fix the erroneous information.
- ***Overturned Doctor Review:*** Assessment was denied MN, and the provider has supplied additional information for review. The assessment is pending TMHP doctor review for MN determination.
- ***Pending Denial (need more information):*** This status occurs when the information is reviewed by a TMHP Nurse and does not support MN. The provider has up to 21 calendar days to give additional information for further consideration either by telephone or by using the "Add Note" feature on the LTC Online Portal. The TMHP nurse did not find the assessment to qualify for MN. Provider has 21 calendar days to submit additional information for consideration.
- ***Pending MD/DO License Verification:*** MD/DO License number is pending manual verification by TMHP for licenses that are issued from states other than Texas. TMHP will validate the MD/DO License number entered in field S7d of the LTCMI, and set assessment status to either ***Out of State MD/DO License Valid*** or ***Out of State MD/DO License Invalid***. If status is set to ***Out of State MD/DO License Valid***, the assessment will continue to process through the workflow.
- ***Pending More Info:*** DADS is waiting for more information from the provider. Information required may be found within the assessment History trail.
- ***Pending Review:*** Assessment is waiting for TMHP RN to manually review it for MN.
- ***Pending RN License Verification:*** RN License number is pending manual verification by TMHP from the Texas BON or the licensing state from which the compact license was issued.
- ***Processed/Complete:*** Assessment has been processed and complete. Please check Medicaid Eligibility and Service Authorization Verification (MESAV).
- ***Provider Action Required:*** Assessment must be reviewed by the provider due to the assessment being rejected by Service Authorization System (SAS). Refer to the assessment History trail for the specific error message. The error message must be resolved before further processing of assessment will occur.
- ***SAS Request Pending:*** Assessment has passed all TMHP validations and will be sent from TMHP to DADS for SAS processing. Please allow two to four business days for the next status change.
- ***Submitted to manual workflow:*** Assessment has been submitted to DADS due to the assessment being rejected by SAS. Refer to the assessment History trail for additional information. DADS will review this assessment within ten business days. While the assessment is being reviewed, no action is required on the part of the provider.

Provider Workflow Process

Provider workflow allows providers to independently manage their assessments when errors in the Medicaid system processing occur. The assessments going into the provider workflow are those situations where the provider is required to take action for resolution of the problem. The benefit to the provider is shorter time in resolution since providers can resolve their own errors.

In summary, assessments are sent to the provider workflow when the assessment is set to status ***Provider Action Required***.

Assessments reach this status if:

- The assessment was not successfully processed.
- An error occurred during the nightly batch processing.

The provider workflow is the responsibility of the provider to monitor and manage. System processing errors, including rejection messages, are found within the History trail of the assessment and the assessment is set to status ***Provider Action Required***. Once an assessment is set to status ***Provider Action Required***, the assessment will require provider action before processing on that particular assessment continues.

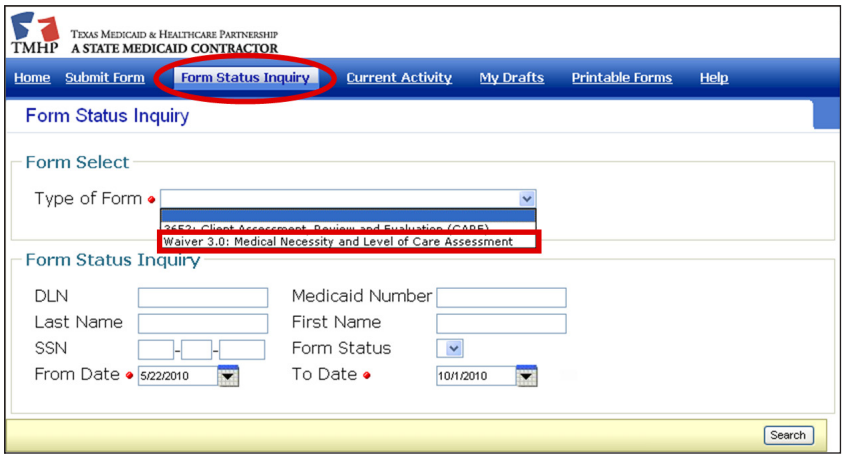
If a system error occurs, the error will display in the History trail of the assessment. The assessment is set to status ***Provider Action Required***.

Finding Assessments with "Provider Action Required" Status

To find the items in your provider workflow (i.e., those items with system processing errors to be resolved by the provider):

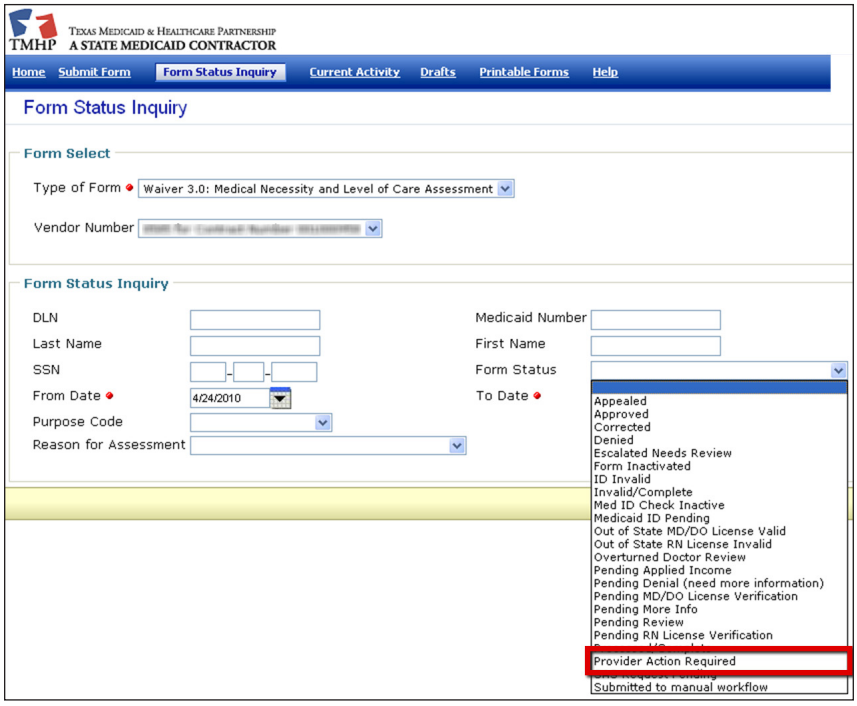
1. Click the **Form Status Inquiry** link in the blue navigational bar.

2. Choose Type of Form: **Waiver 3.0: Medical Necessity and Level of Care Assessment** from the drop-down box.

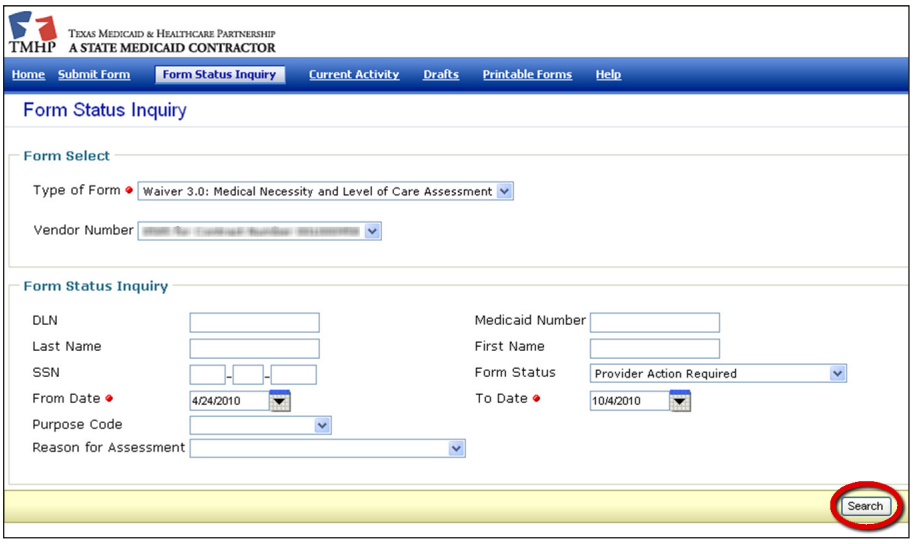


3. Enter the "From Date" and "To Date" range in the fields allocated.

4. Form Status: Choose **Provider Action Required** from the drop-down box.

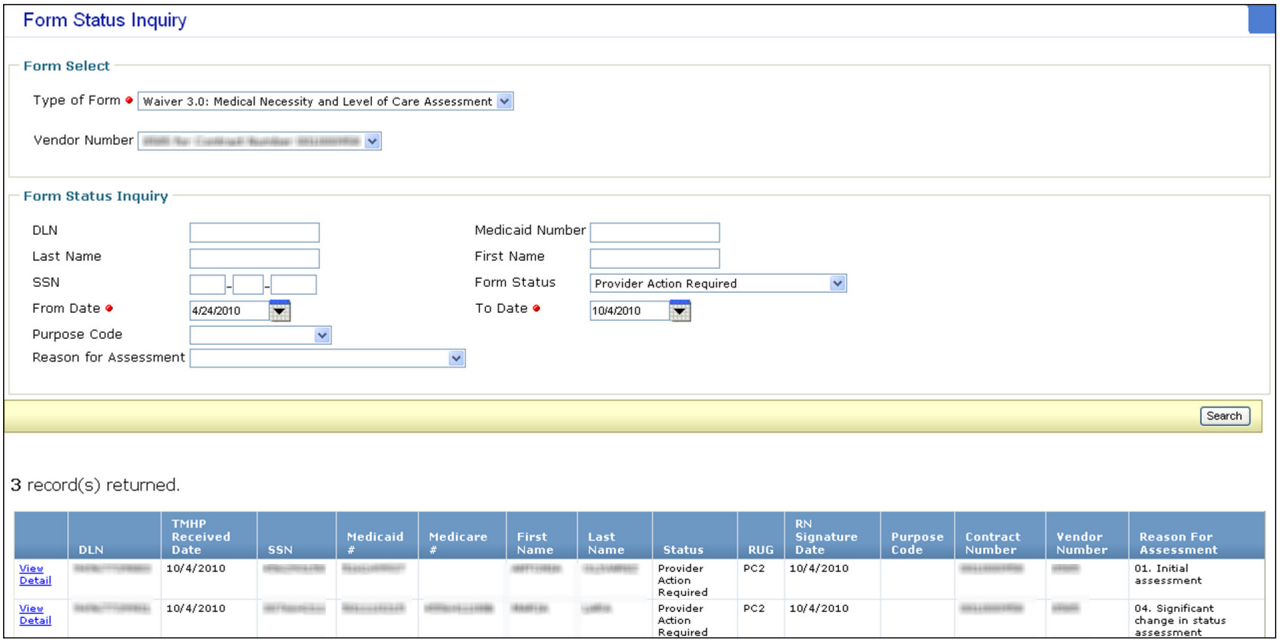


5. Click the "Search" button located on the bottom right of the screen to submit the Inquiry.



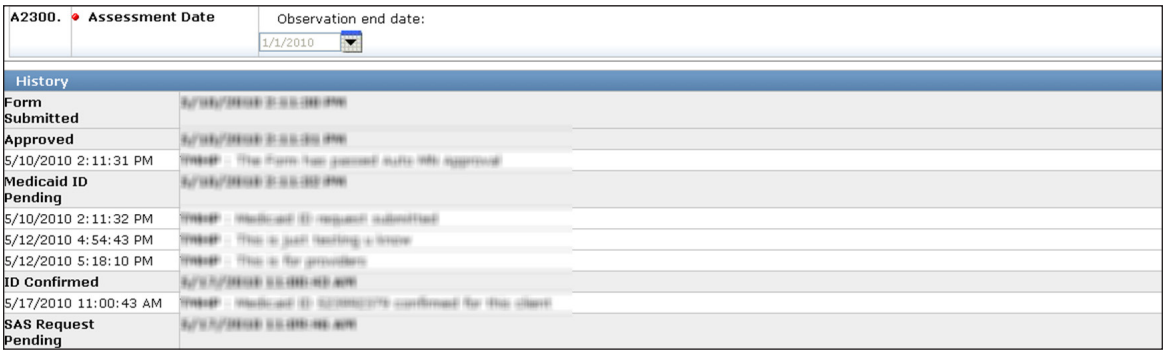
6. All Waiver 3.0 Medical Necessity and Level of Care Assessments that are set to status ***Provider Action Required*** will display.

   Note: *For confidentiality purposes, the assessment details (Medicaid #, etc.) have been hidden in the User Guide.*

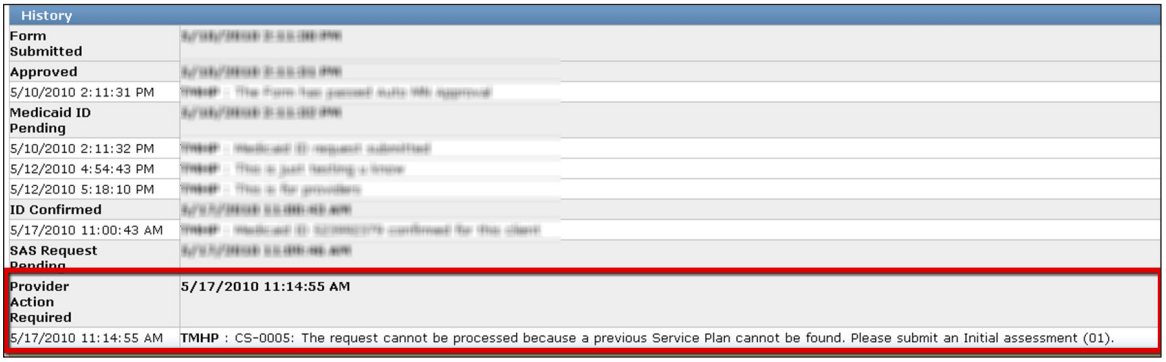


7. Click the **View Detail** link to open the assessment.

8. Scroll to the bottom of the page to view the History trail.



9. Find ***Provider Action Required*** status on the far left. It should be the very last line in the History trail.

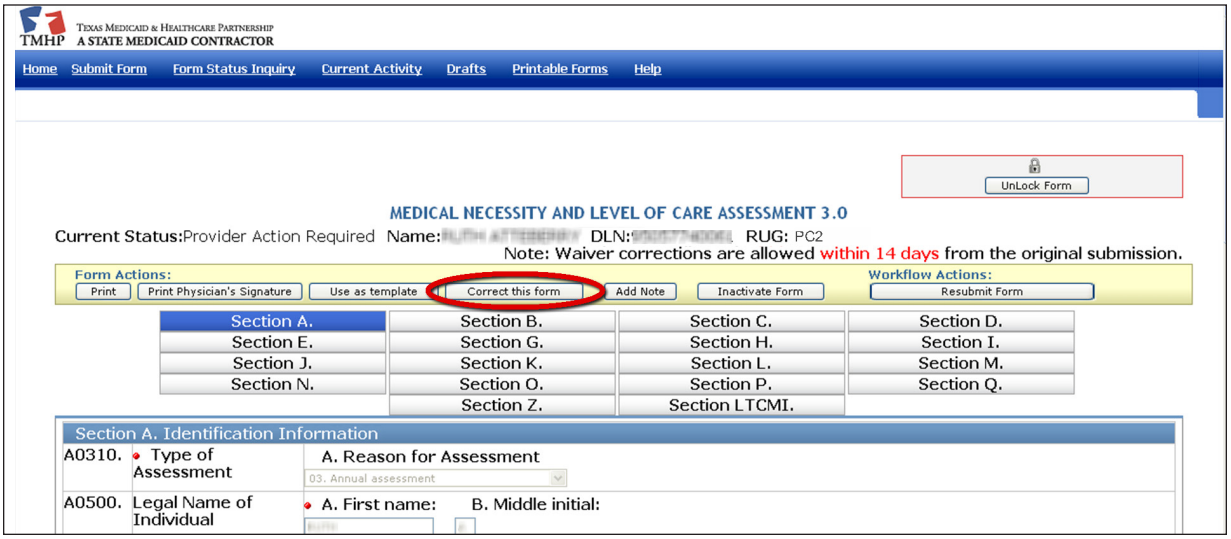


10. Find the rejection message in the white line just below ***Provider Action Required***.

11. Perform the necessary research to resolve the error. For more information on the error messages, see the "Provider Workflow Rejection Messages" section of this User Guide.

12. Depending on the provider research, a provider has one of three options to move the assessment out of the provider worksflow. These are Correct this form, Inactivate form, or Resubmit form.

    – **Correct this form.** Correct this form allows provider to submit a correction within 14 calendar days of the original submission date. The original assessment with a status of ***Provider Action Required*** will be set to status ***Corrected*** and will have a parent relationship DLN to the new/child assessment. The new assessment replaces the original assessment.

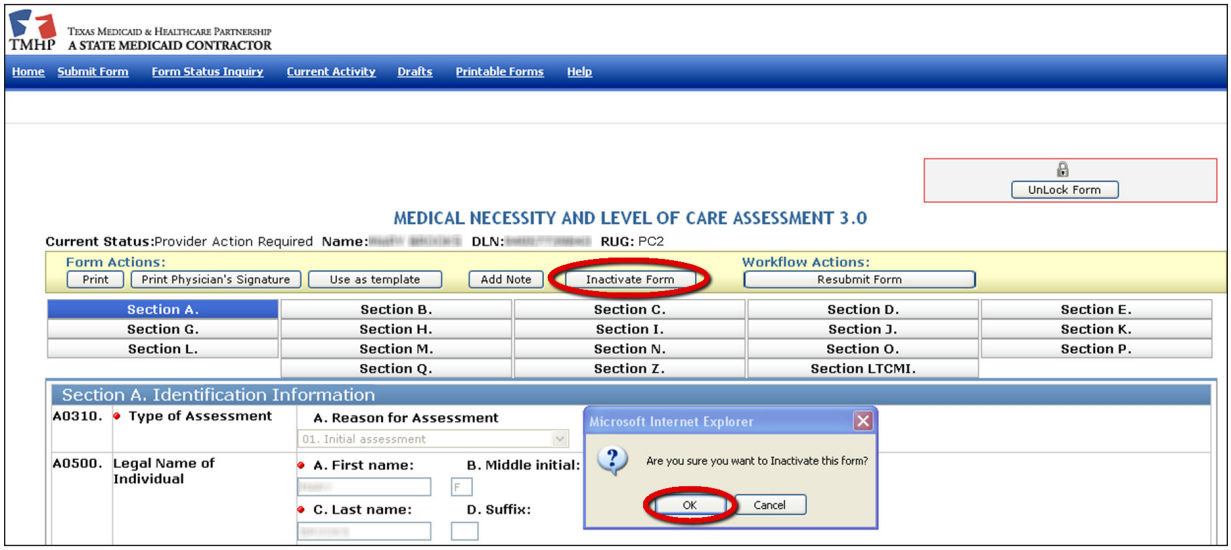


All fields are correctable except for the following:

Waiver 3.0: MN/LOC Assessment	
A0500c	Individual Name (does not allow changes to last name)
A0600a	Social Security Number
A0600b	Medicare (or comparable railroad insurance number)
A0700	Medicaid Number
A0310a	Type of Assessment/Tracking
Z0500b	Date Assessment Completed
S5a-S5m	Licenses section
S2a	DADS Vendor/Site ID
S2b	Contract/Provider Number
S2c	Service Group
S2d	NPI Number

– **Inactivate Form.** Inactivate Form will inactivate the assessment. The status of the assessment will then set to status ***Form Inactivated***. An example of when this "Inactivate Form" button would be used is when the provider research indicates the assessment being submitted is a duplicate.

If the provider clicks the "Inactivate Form" button, the provider will receive the following confirmation window:

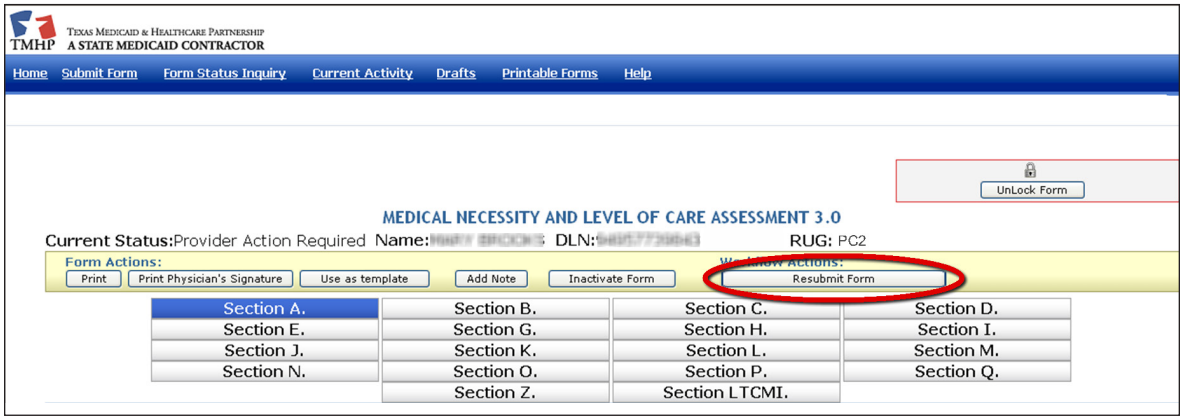


From here you have two choices:

a. Click the "OK" button to Inactivate, and the assessment will set to status ***Form Inactivated***.

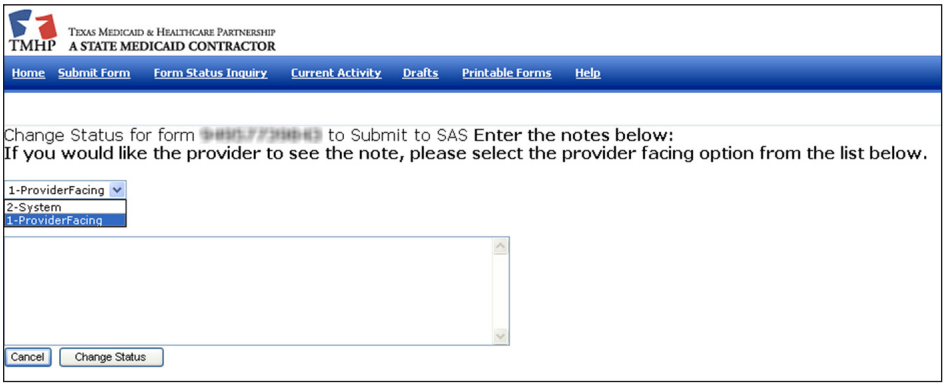
or

b. Click the "Cancel" button to cancel the Inactivation request keeping the assessment set to status ***Provider Action Required***.



– **Resubmit Form.** Resubmit Form will set assessment to status ***SAS Request Pending***. The assessment will process during the nightly system processing. Check the status of the assessment the next day to determine if the assessment processed successfully. The assessment will be set to status ***Processed/Complete*** if successfully processed. The Resubmit Form button will only be used after a provider has been instructed to do so by DADS.

If the provider clicks the "Resubmit Form" button, the following screen will appear allowing the provider to add any comments:



There is an option to select "2-System" or "1-ProviderFacing."

- **2-System:** will allow comments entered by the provider to be seen only by internal state staff. The comments will not be seen by the provider.
- **1-ProviderFacing:** will allow comments entered to be seen by both state staff and the provider.

In either case, the comments will be seen in the History trail of the assessment and are for informational purposes only. These comments will *not* be used in the system processing of the assessments.

The provider may choose to enter comments. Entering comments is optional.

a. Click the "Cancel" button to cancel the request, keeping the assessment set to status ***Provider Action Required***.

or

b. Click the "Change Status" button to move the assessment out of the ***Provider Action Required***.

13. Once one of the actions have been completed—Correct this form, Inactivate form, or Resubmit Form—the status of the form or assessment will no longer be set to status ***Provider Action Required***. Processing will continue based upon action chosen.

14. Repeat all of the steps for finding Wavier 3.0: Medical Necessity and Level of Care Assessments set to status ***Provider Action Required*** until there are no results found.

Provider Workflow Rejection Messages

Below are the rejection messages providers will receive as a result of an error occurring during the nightly batch processing. The messages are in order of message number.

The table contains four columns:

1. **Message Number.** This is the specific error message that will be displayed in the portal.
2. **System Message.** Further clarification of the portal error message including basic example of the situation.
3. **Associated with Reason for Assessment.** What type of assessment can result in the error

Waiver 3.0: MN/LOC Assessment
A0310a = 01. Initial Assessment.
A0310a = 03. Annual Assessment.
A0310a = 04. Significant change in status assessment (SCSA).

4. **Suggested Action.** Most likely the Workflow Action Button to be used.

Reject Message Description			
Message Number	**System Message (Displayed in History)**	**Associated with Reason for Assessment**	**Suggested Action**
CS-0001	CS-0001: The request cannot be processed because an existing Initial Assessment has already been processed. Please contact the DADS case manager or submit an Annual Assessment, or SCSA as appropriate.	Initial	The request cannot be processed because an existing Initial Assessment has already been processed. Please contact the DADS case manager or inactivate the Initial Assessment and submit an Annual Assessment (SCSA) as appropriate.
CS-0003	CS-0003: The request cannot be processed because the Annual Assessment is being submitted more than 90 days prior to the Service Plan end date. Please resubmit the assessment at the appropriate time.	Annual	Inactivate Form and submit Annual Assessment when within the 90 days.

Reject Message Description			
Message Number	**System Message (Displayed in History)**	**Associated with Reason for Assessment**	**Suggested Action**
CS-0004	CS-0004: The request cannot be processed because the Annual Assessment has been submitted more than 132 days after the end of the last Service Plan. Please submit an Initial Assessment.	Annual	The request cannot be processed because the Annual Assessment has been submitted more than 132 days after the end of the last Service Plan. Inactivate Annual Assessment and submit an Initial Assessment.
CS-0005	CS-0005: The request cannot be processed because a previous Service Plan cannot be found. Please submit an Initial Assessment.	Annual	The request cannot be processed because a previous Service Plan cannot be found. Please submit an Initial Assessment.
CS-0006	CS-0006: The request cannot be processed because an Initial Assessment for the individual cannot be found. Please verify data entry or contact the DAD case manager.	Significant Change in Status Assessment	The request cannot be processed because an Initial Assessment for the individual cannot be found. Please verify data entry or contact the DADS case manager.
CS-0011	CS-0011: The request cannot be processed because there is not an open Service Plan for the individual. Please verify data entry or contact the DADS case manager.	Significant Change in Status Assessment	Inactivate Form.
CS-0012	CS-0012: The request cannot be processed because the SCSA assessment is being submitted more than 30 days after the Service Plan end date.	Significant Change in Status Assessment	Inactivate Form.
CS-0020	CS-0020: The request cannot be processed because the Annual Assessment is being submitted more than 90 days prior to the Level of Service end date.	Annual	Inactivate this assessment by clicking the "Inactivate Form" button and submit an Annual Assessment within 90 days of the Level of Service end date.
CS-0021	CS-0021: The request cannot be processed because the Annual Assessment has been submitted more than 132 days after the end of the last Level of Service record.	Annual	Inactivate this assessment by clicking the "Inactivate Form" button and submit an Initial Assessment Waiver 3.0: 0310a=01.
CS-0023	CS-0023: The request cannot be processed because the individual is enrolled in PACE and has Permanent MN. Annual assessments for this individual are not needed. This assessment should be Inactivated.	Annual	Inactivate Form.

Reject Message Description			
Message Number	**System Message (Displayed in History)**	**Associated with Reason for Assessment**	**Suggested Action**
GN-9248	GN-9248: This form cannot be processed due to one or more invalid Diagnosis Codes. Correct the Diagnosis Codes and resubmit.	MN/LOC	The submitted Diagnosis International Classification of Diseases (ICD) Code is not valid. • Correct the Diagnosis Codes on the Long Term Care Medicaid Information (LTCMI) section or Section I as needed using the "Correct this form" button. If the Diagnosis Codes are valid: • Contact the DADS regional Claims Management System (CMS) Coordinator. Select the appropriate region per website link provided to locate the CMS Coordinator contact information. PACE Excluded. www.dads.state.tx.us/contact/regional_facility/index.html * If PACE, Contact DADS per website link provided. www.dads.state.tx.us/providers/PACE/contacts.html

Corrections

If incorrect data is submitted on the MN/LOC Assessment, the provider can submit a correction within 14 calendar days of the original submission by clicking the "Correct this form" button. However, not all fields are correctable (see list of fields unable to be corrected in the "Provider Workflow" section).

Examples of incorrect data include:

- Individual is listed as a male, but is actually a female.
- Individual's diagnosis indicates diabetes, but the individual actually has hypoglycemia.
- If corrections to the MN/LOC Assessment are needed, providers must access the assessment utilizing FSI or Current Activity.

When to correct assessment?

MN/LOC Assessments can only be corrected during the 14 calendar day time period following the original submission date.

Waiver 3.0: MN/LOC Assessment	
A0500c	Individual Name (does not allow changes to last name)
A0600a	Social Security Number
A0600b	Medicare (or comparable railroad insurance number)
A0700	Medicaid Number
A0310a	Type of Assessment/Tracking
Z0500b	Date Assessment Completed
S5a-S5m	Licenses section
S2a	DADS Vendor/Site ID
S2b	Contract/Provider Number
S2c	Service Group
S2d	NPI Number

Who may submit the correction?

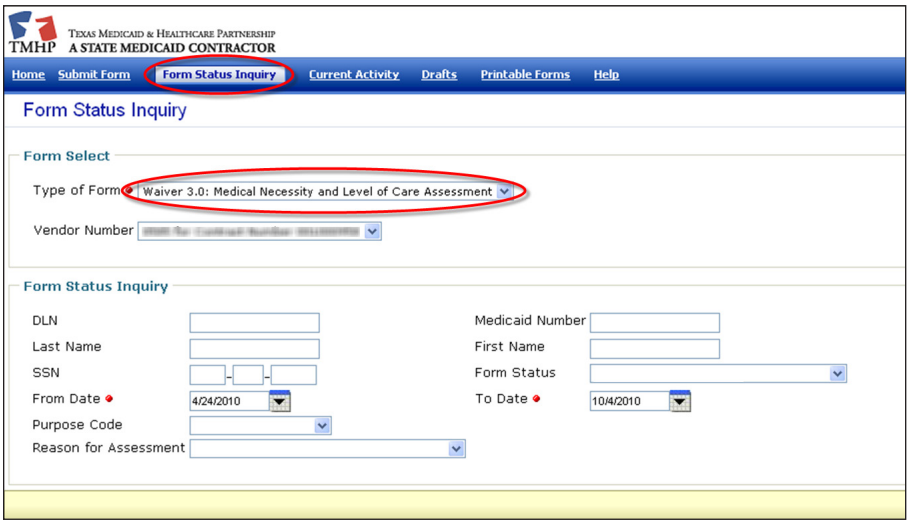
It does not have to be the original submitter, but it has to be from the same vendor/contract number. Regardless of the current status of an MN/LOC Assessment, corrections will not be allowed to assessments that have at any time been set to status ***Form Inactivated***, ***Invalid/Complete***, ***SAS Request Pending***, or ***Corrected***. The "Correct this form" button will not be displayed in the yellow Form Actions bar on any assessment that cannot be corrected. Corrections are processed overnight, and providers must wait until the following day to see changes.

How to Submit a Correction

1. Click the **Form Status Inquiry** link in the blue navigational bar.



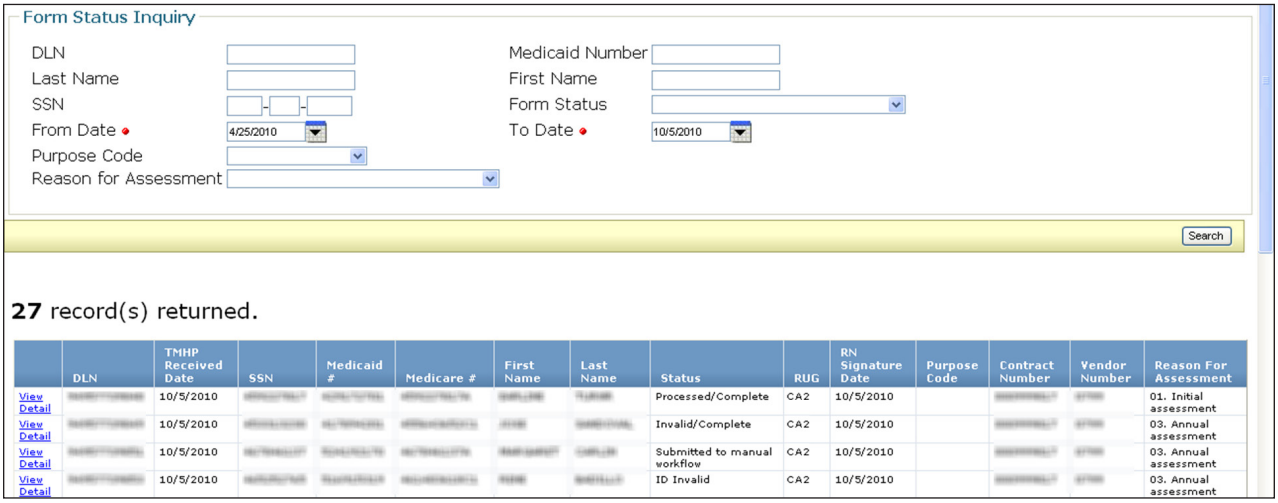
2. Type of Form: Choose **Waiver 3.0: Medical Necessity and Level of Care Assessment** from the drop-down box.



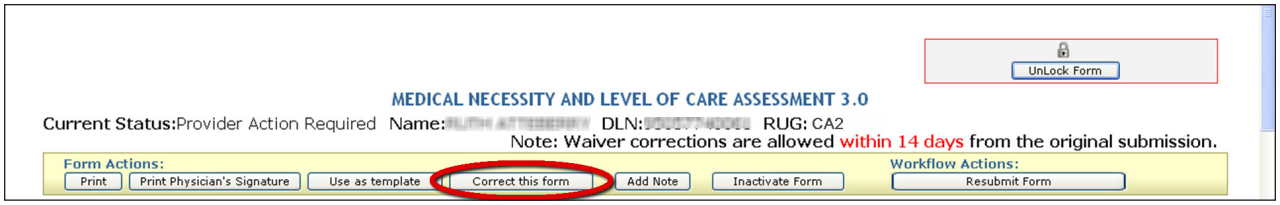
3. Enter data for all required fields as indicated by the red dots. Narrow results by entering specific criteria in the additional fields: "DLN," "Last Name," "First Name," "SSN," "Medicaid Number," "Form Status," "From Date," and "To Date."

4. Click the "Search" button.

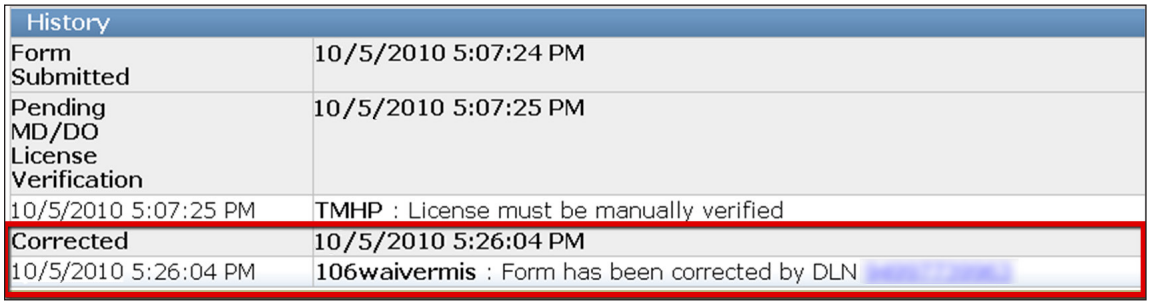
5. Click the **View Detail** link of the requested assessment.

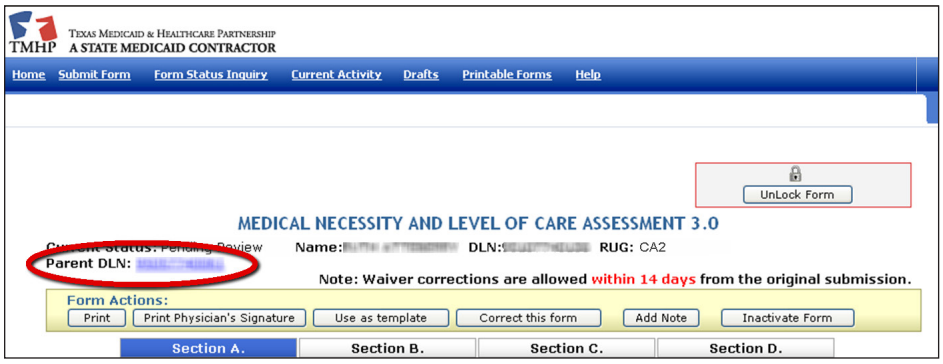


6. Click the "Correct this form" button.



7. Complete only the fields needing correction.
8. Click the "Submit Form" button.
9. The original assessment (parent) is set to status ***Corrected*** and the new assessment (child) DLN is assigned, creating the parent/child DLN relationship. The new child assessment replaces the parent assessment.





Inactivations

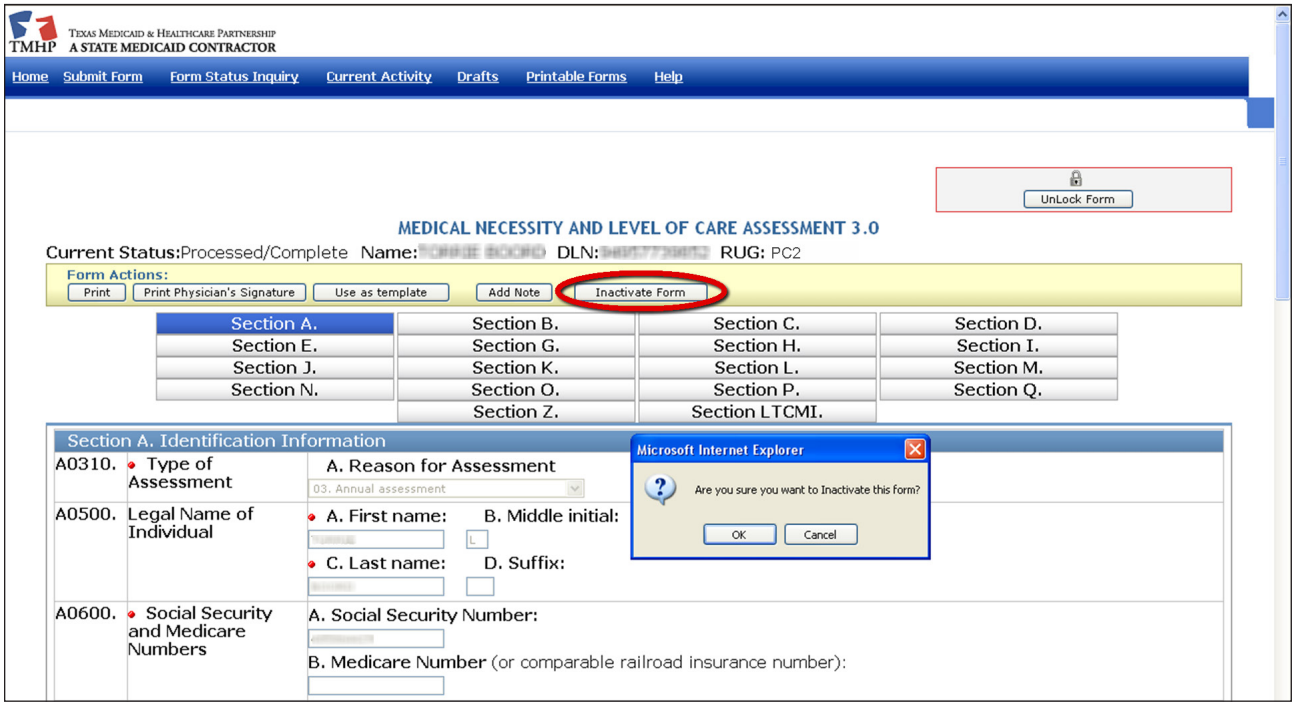
Assessments may need to be inactivated when fields cannot be corrected as needed (e.g., Medicaid #, Individual Name). MN/LOC Assessments can be inactivated through the LTC Online Portal by first retrieving the assessment using FSI or Current Activity. Once the assessment is inactivated, it will be set to status ***Form Inactivated***. The assessment cannot be reactivated, however, it can still be used as a template.

When to inactivate?

There are no time limitations on performing an inactivation. Providers may perform an inactivation when an assessment needs to stop processing in the workflow, if an assessment needs to be canceled that has already processed to completion, or when fields cannot be corrected as needed (e.g., Medicaid #, Individual Name).

Who may inactivate?

Inactivations may be performed based on the vendor/contract who submitted the assessment originally. None of the DADS or TMHP teams (Community Services [CS] Workers, CS Team Leads, and TMHP Operations) may submit an inactivation on an MN/LOC Assessment.



Note: *When inactivating MN/LOC 3.0 Assessments, a note must be entered identifying why the form or screening was inactivated. This note will be added to the History trail.*

How to Inactivate an Assessment

1. Log in to the LTC Online Portal.
2. Click the **Form Status Inquiry** or **Current Activity** link in the blue navigational bar.
3. Click the **View Detail** link.
4. Click the "Inactivate Form" button.
5. Click the "OK" button when the pop-up window asks "Are you sure you want to Inactivate this form? If so, click 'Ok' and enter a note to explain the reason for inactivation."
6. When the Change Status window appears, enter a note for the inactivation and click the "Change Status" button. The assessment will be set to status ***Form Inactivated*** and cannot be reactivated.

RUG Training Requirements

A Resource Utilization Group (RUG) level is the measure of the care needs of an individual. The TMHP automated system uses a mathematical algorithm established by CMS to determine the RUG. This algorithm is used in all cases, to automatically generate a RUG level based on the information entered by the nurse in the RUG fields of the MN/LOC Assessment. The State of Texas uses this systematic approach in the waiver programs to categorize the care needs of individual, establish the service plan cost limit, and to identify provider reimbursement rates. The RUG level determination is totally objective, neither DADS nor the TMHP nurse reviewing the MN/LOC determines the RUG level.

Below are examples of RUG levels

1. Extensive Services (SE3, SE2, SE1)
2. Rehabilitation All Levels (RAD, RAC, RAB, RAA)
3. Special Care (SSC, SSB, SSA)
4. Clinically Complex with/without Depression (CC2, CC1, CB2, CB1, CA2, CA1)
5. Cognitive Impairment with/without Nursing Rehab (IB2, IB1, IA2, IA1)
6. Behavior Problem with/without Nursing Rehab (BB2, BB1, BA2, BA1)
7. Physical Function with/without Nursing Rehab (PE2, PE1, PD2, PD1, PC2, PC1, PB2, PB1, PA2, PA1)

Each RUG level has a corresponding cost limit for the MDCP, CBA and STAR+PLUS waiver programs. The cost limit is considered when developing the individual's plan of care. It is a percentage of the reimbursement rate that would have been paid for that same individual to receive nursing facility services for a year.

RUG training is required for registered nurses to complete MN/LOC Assessments. Validation of completion of RUG training occurs at the time the MN/LOC is submitted on the TMHP LTC portal. Texas State University, in cooperation with the HHSC Office of Inspector General (OIG), has made this training available through university's Office of Continuing Education's online course programs. RUG training is valid for two years then it must be renewed by completing the online RUG training via the Texas State University online training. Texas State University can take from two to seven business days to process and report completions of RUG training to TMHP, depending on current volume of enrollments and completions.

To register for the RUG training, or for more information visit:
www.txstate.edu/continuinged/CE-Online/RUG-Training.html

Note: *The MN/LOC 3.0 implementation did not impact the expiration date of a providers current RUG training completion. Providers are not required to complete MN/LOC 3.0 RUG training to submit MN/LOC 3.0 Assessments if the provider's 2.0 completion is still valid.*

Reminders

- LTC Online Portal has 24/7 availability to submit and track assessments.
- Utilize FSI and Current Activity. These features will keep you informed of the status of your assessments.
- Print and sign the assessment prior to submission.
- Provide pertinent information in the "Comments" section.
- Submit additional information within 21 calendar days on the LTC Online Portal when the assessment is set to status ***Pending Denial (need more information)*** or call TMHP at **1-800-626-4117**, Option 2. Please refer to the "Add Note" section of this User Guide for instructions on how to do this.
- All RN and MD/DO licenses are validated against the appropriate licensing state board. Updates are received monthly, with MD licenses being updated within the first 10 days of the month and RN licenses being updated in the latter portion of the month (generally between the 20th and 25th). Be advised that this may result in a delay in form processing.
- Use the TMHP website at **www.tmhp.com/Pages/LTC/ltc_home.aspx** for recent updates and new information.
- This User Guide can be found under the **Help** link located on the blue navigational bar within the LTC Online Portal.

Reporting Medicaid Waste, Abuse, and Fraud

Medicaid fraud: "An intentional deceit or misrepresentation made by a person with the knowledge that deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law."

How to Report Waste, Abuse, and Fraud

Reports may be made through the following website: **https://oig.hhsc.state.tx.us**. This website gives instructions on how to submit a report, as well as how to submit additional documentation that cannot be transmitted over the Internet. The website also provides information on the types of waste, abuse, and fraud to report to OIG.

If you are not sure if an action is waste, abuse, or fraud of Texas Medicaid, report it to OIG and let the investigators decide. If you are uncomfortable about submitting a report online, there is a telephone number for Client Fraud and Abuse reporting: **1-800-436-6184**.

HIPAA Guidelines and Provider Responsibilities

Providers must comply with HIPAA. It is *your* responsibility to comply with HIPAA, to seek legal representation when needed, and to consult the manuals or speak to your TMHP Provider Representative when you have questions.

Resource Information

TMHP Call Center/Help Desk
- Telephone **1-800-727-5436/1-800-626-4117**
- General Inquiries: Press 1
- Medical Necessity: Press 2
- Technical Support: Press 3
- Fax ..... **(512) 514-4223**

Medicaid Hotline **1-800-252-8263**
RUG Training Information ..... **(512) 245-7118**
EDI Help Desk **1-888-863-3638**
LTC Help Desk **1-800-626-4117**
TMHP General Customer Service **1-800-925-9126**
Medicaid Fraud **1-800-436-6184**
Community Based Alternatives MN/LOC Assessment Contacts
- Completing the MN/LOC Assessment:
- Contact your DADS Regional Nurse ..... **www.dads.state.tx.us/providers/CBA/contacts.html**

Community Services Regional Contacts ..... **www.dads.state.tx.us/contact/regional_facility/index.html**
Medically Dependent Children Program Contacts
- Completing the MN/LOC Assessment:
- Contact the Access and Intake State Office Nurse: ..... **(512) 438-5837**

PACE Program Contacts: ..... **(512) 438-2013**
STAR+PLUS Contacts
- Business Rule Questions: ..... Contact **allison.moss@hhsc.state.tx.us**
- Questions regarding MN Determinations:
- Contact TMHP at **1-800-727-5436**

Additional Online Training

Computer-Based Training (CBT) of the LTC Community Services Waiver Programs Workshop material is available on the TMHP Learning Management System (LMS).

Providers can access the above mentioned online training on the TMHP LMS as follows:

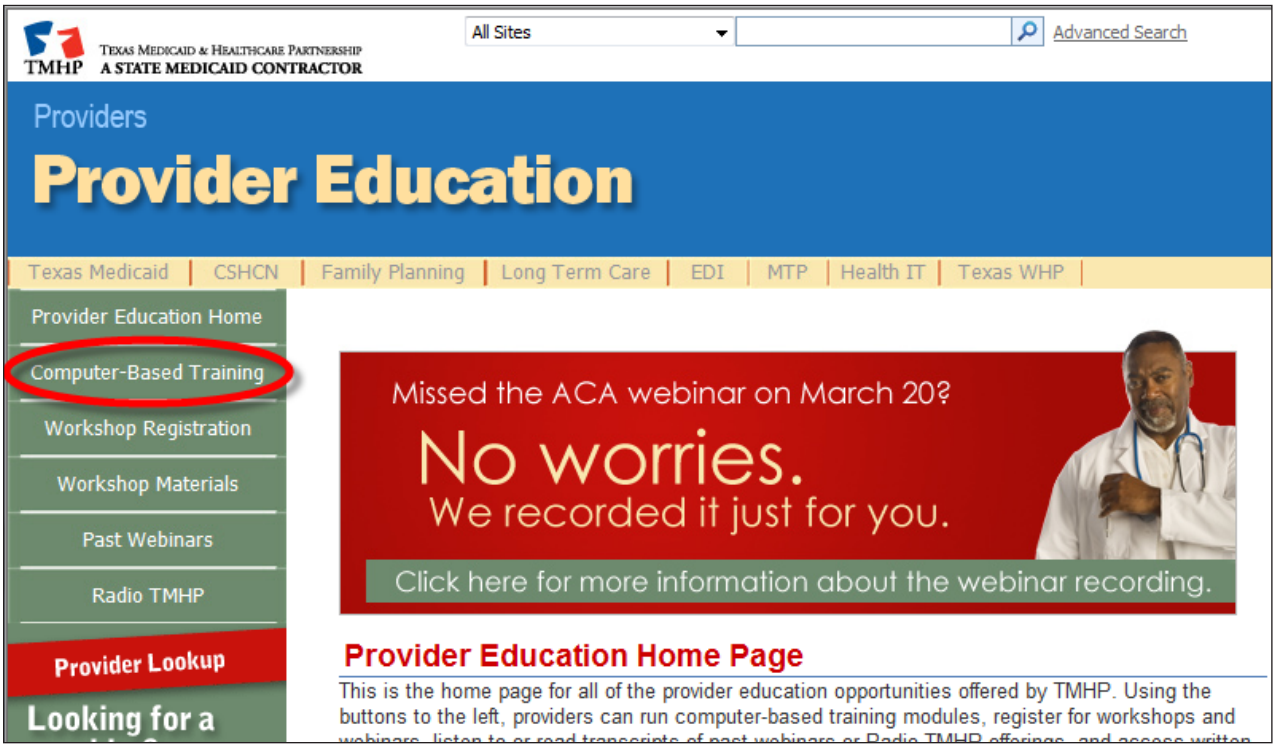
1. Go to **www.tmhp.com** and click **Providers** in the top menu bar.



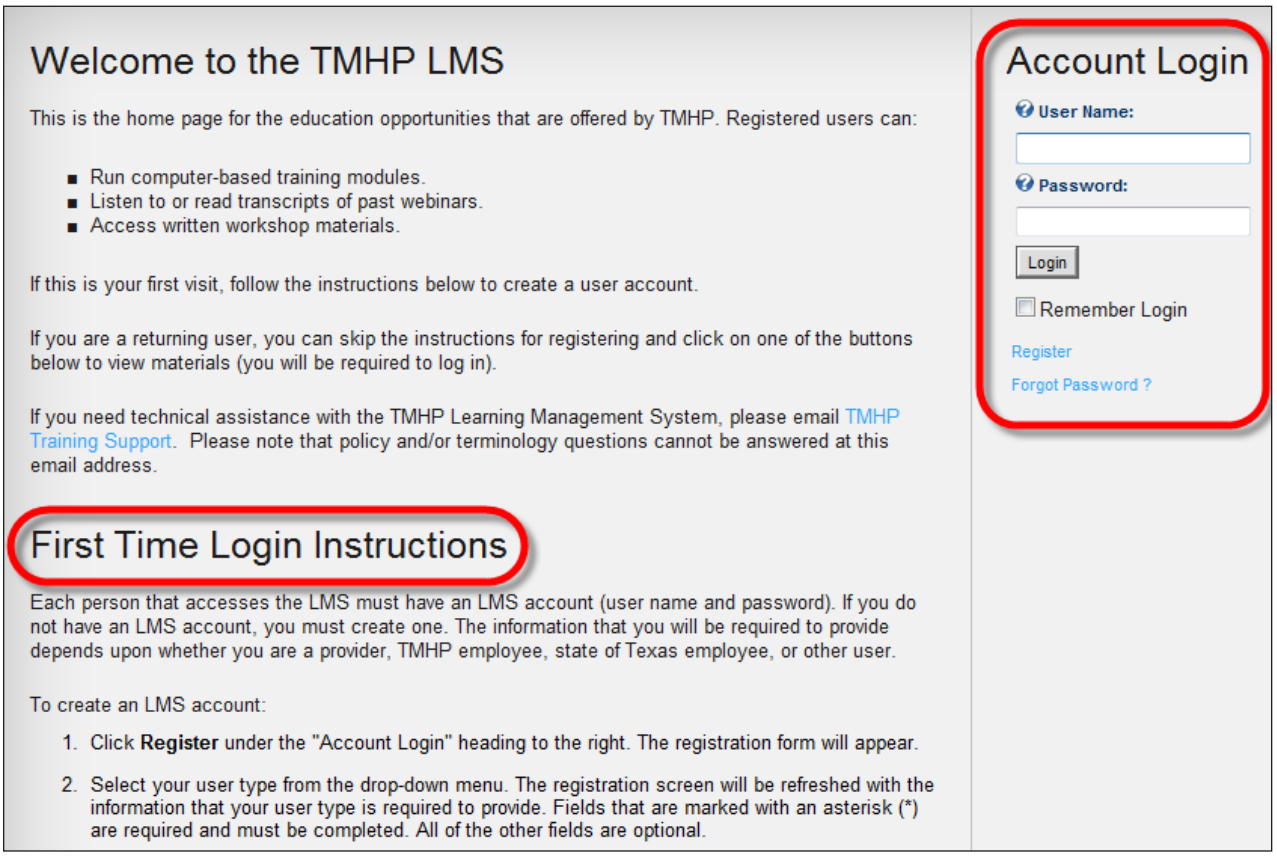
2. Click **Provider Education** in the left-side menu on any provider web page on this website. The Provider Education homepage displays.



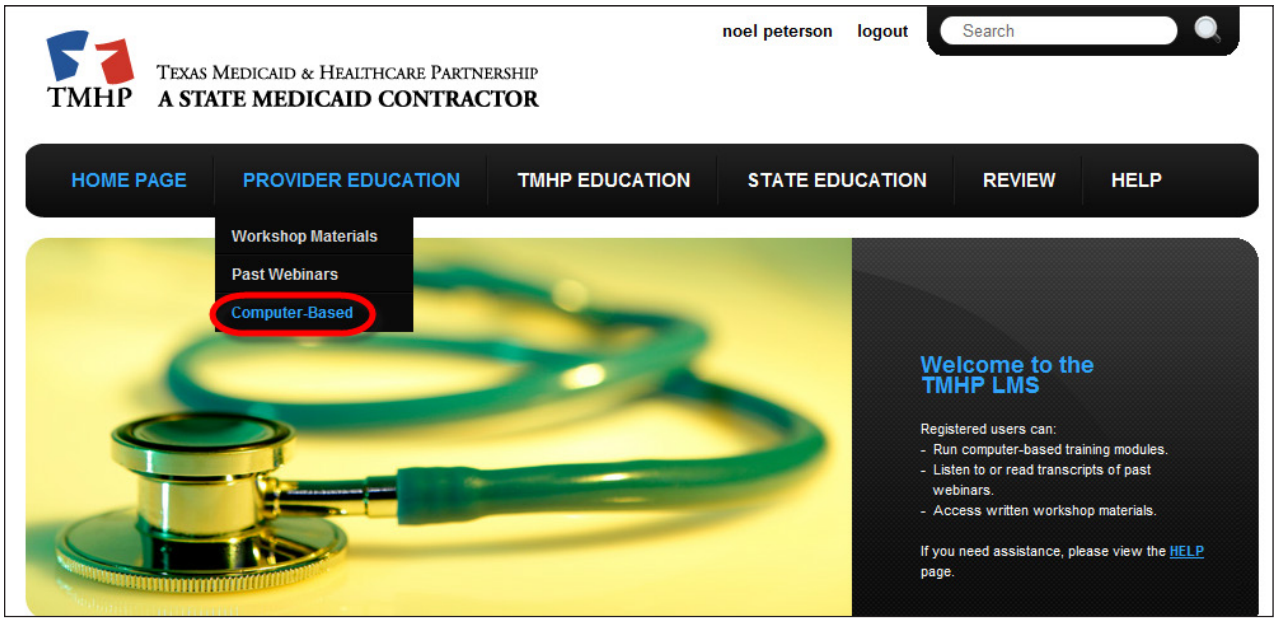
3. Click **Computer-Based Training** in the left-side menu. The LMS displays in a new window.



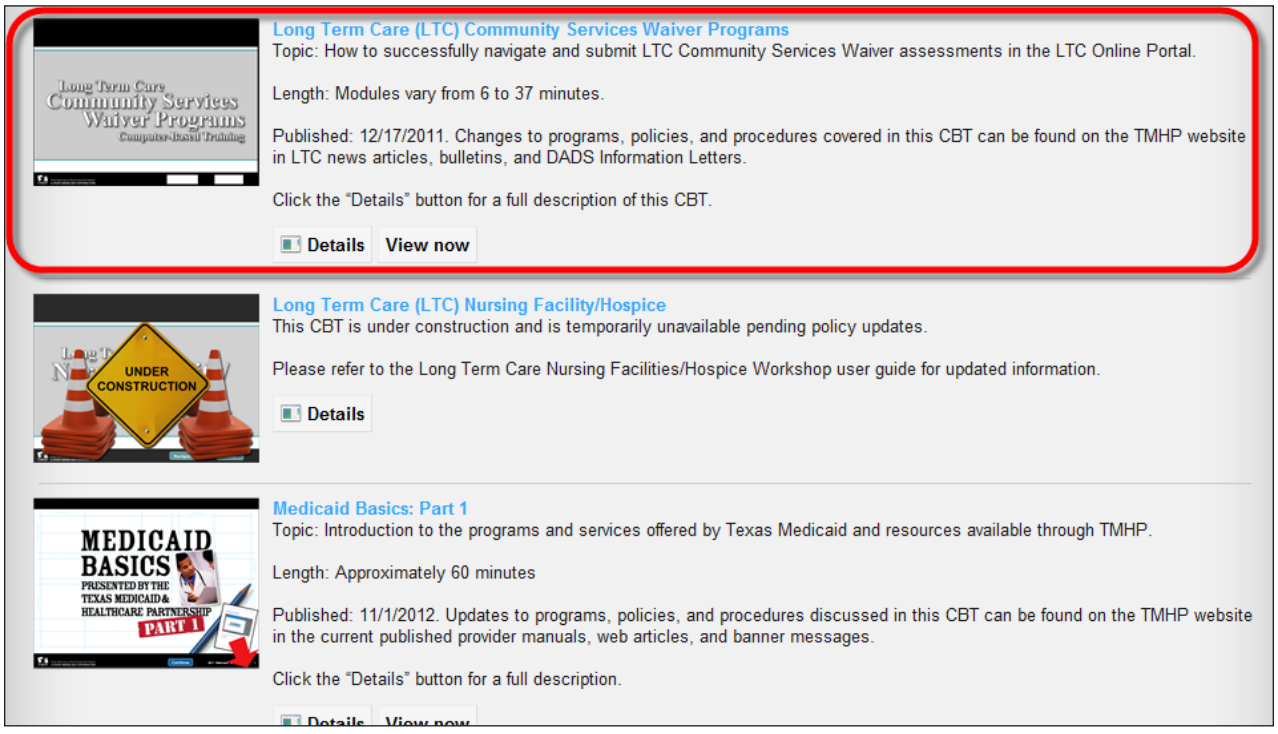
4. Log in to your LMS user account or create a new user account. New visitors to the LMS must create a user account to access the CBT.



5. Use your cursor to hover over Provider Education in the top menu bar, and click **Computer-Based**.



6. Scroll to **Long Term Care (LTC) Community Services Waiver Programs** and click **View now** to start the CBT.



7. Registered LMS users can access computer-based training, past webinars, and workshop materials 24 hours a day, 7 days a week.

To supplement your learning, additional online training is available 24-7 on the LMS including, but not limited to:

- Medicaid Basics CBT
- LTC Online Portal Basics CBT
- TexMedConnect for LTC Providers

DADS Regional Nurse Contact Information

Region	Telephone Number
Region 1/10	(915) 834-7566
Region 2/9	(325) 691-4816
Region 3	(940) 320-8249
Region 4	(903) 737-0226
Region 5	(409) 383-5531
Region 6	(713) 967-7678
Region 7	(512) 706-6018
Region 8	(210) 438-6216
Region 11	(956) 983-7645

DADS Utilization Review Contact Information

Region	Telephone Number
Region 1/2/3/9/10	(325) 795-5580
Region 4/5	(903) 737-0343
Region 6/8	(210) 619-8275
Region 7/11	(956) 973-1277

Informational Websites

Centers for Medicare & Medicaid Services	www.cms.hhs.gov
Community Services Policies	www.dads.state.tx.us/providers/index.cfm
Community Services Programs	www.dads.state.tx.us/providers/index.cfm
Consumer Rights and Services (includes information about how to make a complaint)	www.dads.state.tx.us/services/crs/index.html
DADS Services	www.dads.state.tx.us/services
Health and Human Services Commission	www.hhsc.state.tx.us
HHSC Regions	www.hhs.state.tx.us/aboutHHS/HHS_Regions.shtml
Long Term Care Updates and Banner Messages	www.tmhp.com/Pages/LTC/ltc_home.aspx
Medicaid Fraud	https://oig.hhsc.state.tx.us/
Medicaid Nursing Facility Program	www.dads.state.tx.us/providers/NF/index.cfm
Medical Necessity and Level of Care 3.0 Assessment and Instructions	www.tmhp.com/Pages/LTC/LTC_Forms.aspx
RUG Training	www.txstate.edu/continuinged/CE-Online/RUG-Training.html
Texas Administrative Code	www.sos.state.tx.us/tac/
Texas Department of Aging and Disability Services	www.dads.state.tx.us
Texas Department of State Health Services	www.dshs.state.tx.us
Texas Medicaid & Healthcare Partnership (TMHP)	www.tmhp.com
TMHP Long Term Care Division	www.tmhp.com/Pages/LTC/ltc_home.aspx
Vendor Drug Program	http://txvendordrug.com/

Individual Service Plan (ISP) Table

For Community Based Alternatives (CBA) Providers

The due dates for the annual reassessment packets submitted by Home and Community Support Services Agencies (HCSSAs) agencies to the DADS case manager.

Note: *TMHP does not support any assessments other than the MN/LOC Assessment.*

The table below lists the reassessment due dates based on the date of the ISP expiration:

ISP Expiration Date ("To" date on ISP)	Reassessment Packet Due to DADS Case Manager Between
January 31	November 1 – November 30
February 28 or 29	December 1 – December 31
March 31	January 1 – January 31
April 30	February 1 – February 28 or 29
May 31	March 1 – March 31
June 30	April 1 – April 30
July 31	May 1 – May 31
August 31	June 1 – June 30
September 30	July 1 – July 31
October 31	August 1 – August 31
November 30	September 1 – September 30
December 31	October 1 – October 31

Acronyms

A2300	Assessment Reference Date on an MN/LOC 3.0 Assessment
A3a	Assessment Reference Date on an MN/LOC 2.0 Assessment
API	Atypical Provider Identifier
ARD	Assessment Reference Date
BON	Texas Board of Nursing
CBA	Community Based Alternatives
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPR	Cardiopulmonary Resuscitation
CS	Community Services
CSHCN ID	Children with Special Health Care Needs Services Program Identification number
DADS	Department of Aging and Disability Services
DD	Developmental Disabilities
DLN	Document Locator Number
DO	Doctor of Osteopathy
EDI	Electronic Data Interchange
EMS	Emergency Medical Services
FSI	Form Status Inquiry
HCSSA	Home and Community Support Services Agency
HHA	Home Health Agency
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Account-ability Act
HMO	Health Maintenance Organization **Note:** *HMO has been changed to MCO*
ICD-9	International Classification of Diseases Ninth Revision
ICD-10	International Classification of Diseases Tenth Revision
ICF/IID	Intermediate care facility/facilities for individuals with an intellectual disability or related condition
ID	Intellectual Disabilities
IDD	Intellectual and Developmental Disabilities
ISP	Individual Service Plan

LTC	Long Term Care
LTCMI	Long Term Care Medicaid Information
MCO	Managed Care Organization
MD	Medical Doctor
MDCP	Medically Dependent Children Program
MESAV	Medicaid Eligibility and Service Authorization Verification
MN	Medical Necessity
MN/LOC	Medical Necessity and Level of Care
NF	Nursing Facility
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
OES	Office of Eligibility Services
OIG	Office of the Inspector General
OOHDNR	Out-of-Hospital Do Not Resuscitate Order
PACE	Program of the All-inclusive Care for the Elderly
PDF	Portable Document Format
PRN	Pro re nata (Latin) — as needed
RA	Route of Administration
R&S	Remittance and Status
R2b	Date Assessment was completed on an MN/LOC 2.0 Assessment
RN	Registered Nurse
RUG	Resource Utilization Group
SAS	Service Authorization System
SCSA	Significant Change in Status Assessment
SG	Service Group
SSN	Social Security Number
STAR+PLUS	State of Texas Access Reform (STAR) + PLUS
TAC	Texas Administrative Code
THCA	Texas Health Care Association
TMB	Texas Medical Board
TMHP	Texas Medicaid & Healthcare Partnership
UR	Utilization Review
Z0500B	Date Assessment was Completed on an MN/LOC 3.0 Assessment

Glossary

§1915(c) Medicaid Waiver - The provision of the Social Security Act that authorizes the Secretary of Health and Human Services to grant waivers of certain Medicaid statutory requirements. This provision allows a state to furnish home and community-based services to Medicaid beneficiaries who need a level of institutional care that is provided in a hospital, Nursing Facility, or intermediate care facility for persons with mental retardation.

Appeal - The formal process by which an applicant, provider, individual, or the applicant or individual's parent, guardian, or legally authorized representative requests a review of an adverse action.

Community Based Alternatives (CBA) - A 1915(c) Medicaid waiver program that provides community-based services and supports to eligible adults as an alternative to Nursing Facility care.

Fair Hearing - An administrative procedure that affords individuals the statutory right and opportunity to appeal adverse decisions/actions regarding program eligibility or termination, suspension, or reduction of services by the Department of Aging and Disability Services.

Individual - A person enrolled in a program.

Long Term Services and Supports (LTSS) - Services provided to an individual in the individual's home or other community-based setting that are necessary to allow the individual to remain in the most integrated setting possible.

Medically Dependent Children Program (MDCP) - A 1915(c) Medicaid waiver program that provides respite, flexible family support services, minor home modifications, adaptive aids, financial management services, and transition assistance services to children who are 20 years of age and younger as an alternative to Nursing Facility care.

Program of All-Inclusive Care for the Elderly (PACE) - PACE provides community-based services to older individuals who qualify for Nursing Facility placement. PACE uses a comprehensive care approach, providing an array of services for a capitated monthly fee that is below the cost of comparable institutional care.

STAR+PLUS Providers - A 1915(c) Medicaid waiver program approved for the managed care delivery system that is designed to allow individuals who qualify for Nursing Facility care to receive long-term services and supports in order to be able to live in the community.

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Appendix A: LTC Online Portal Review

Test your knowledge by answering the questions on this page. Feel free to refer to sections of this LTC User Guide.

1. Name three benefits of using the LTC Online Portal.
    1. _____
    2. _____
    3. _____
2. In order to access the LTC Online Portal, what is the first step you must take?

    _____

    _____
3. Name two options in the blue navigational bar.

    _____

    _____
4. When would you see the yellow Form Actions bar?

    _____

    _____
5. How can you tell if a field is required?

    _____

    _____

Review Answers

1. Name three benefits of using the LTC Online Portal.
   - The LTC Online Portal is a web-based application that is available 24 hours a day, 7 days a week.
   - TMHP provides LTC Online Portal technical support by telephone during normal business hours, Monday - Friday, 7:00 am - 7:00 pm, Central Time.
   - The LTC Online Portal provides error messages that must be resolved before submission.
   - Providers have the ability to monitor the status of their assessments and to submit additional information when needed.
2. In order to access the LTC Online Portal, what is the first step you must take?
   - Set up an administrator account or a user account if one is already available for that agency. You can find information for setting up an administrator account in the "How to Create an LTC Online Portal Administrator Account" in your User Guide.
3. Name two options in the blue navigational bar.
   - Home, Submit Form, Form Status Inquiry, Current Activity, Drafts, Printable Forms, and Help.
4. When would you see the yellow Form Actions bar?
   - When an individual assessment is being viewed in detail.
5. How can you tell if a field is required?
   - When it is marked with a red dot.

Appendix B: Word Search

Long Term Care Community Services Waiver Programs Workshop

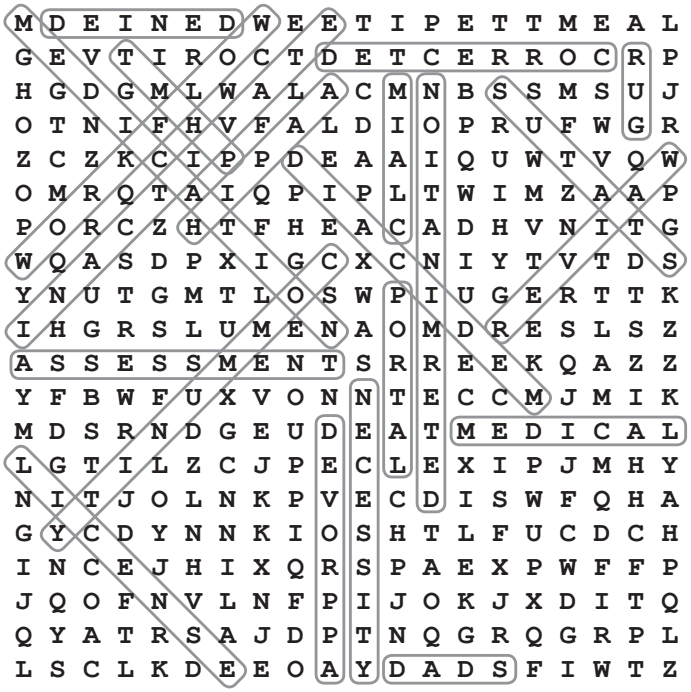
Word Search

Use this activity to reinforce the terminology learned throughout this workshop.

M D E I N E D W E E T I P E T T M E A L
G E V T I R O C T D E T C E R R O C R P
H G D G M L W A L A C M N B S S M S U J
O T N I F H V F A L D I O P R U F W G R
Z C Z K C I P P D E A A I Q U W T V Q W
O M R Q T A I Q P I P L T W I M Z A A P
P O R C Z H T F H E A C A D H V N I T G
W Q A S D P X I G C X C N I Y T V T D S
Y N U T G M T L O S W P I U G E R T T K
I H G R S L U M E N A O M D R E S L S Z
A S S E S S M E N T S R R E E K Q A Z Z
Y F B W F U X V O N N T E C C M J M I K
M D S R N D G E U D E A T M E D I C A L
L G T I L Z C J P E C L E X I P J M H Y
N I T J O L N K P V E C D I S W F Q H A
G Y C D Y N N K I O S H T L F U C D C H
I N C E J H I X Q R S P A E X P W F F P
J Q O F N V L N F P I J O K J X D I T Q
Q Y A T R S A J D P T N Q G R Q G R P L
L S C L K D E E O A Y D A D S F I W T Z

APPROVED
ASSESSMENT
CLAIM
COMMUNITY
CORRECTED
DADS
DENIED
DETERMINATION
HIPAA
INACTIVATE
LICENSE
MEDICAID
MEDICAL
MEDICATION
NECESSITY
PORTAL
RUG
STATUS
TMHP
WAIVER
WORKFLOW

Solution


M D E I N E D W E E T I P E T T M E A L
G E V T I R O C T D E T C E R R O C R P
H G D G M L W A L A C M N B S S M S U J
O T N I F H V F A L D I O P R U F W G R
Z C Z K C I P P D E A A I Q U W T V Q W
O M R Q T A I Q P I P L T W I M Z A A P
P O R C Z H T F H E A C A D H V N I T G
W Q A S D P X I G C X C N I Y T V T D S
Y N U T G M T L O S W P I U G E R T T K
I H G R S L U M E N A O M D R E S L S Z
A S S E S S M E N T S R R E E K Q A Z Z
Y F B W F U X V O N N T E C C M J M I K
M D S R N D G E U D E A T M E D I C A L
L G T I L Z C J P E C L E X I P J M H Y
N I T J O L N K P V E C D I S W F Q H A
G Y C D Y N N K I O S H T L F U C D C H
I N C E J H I X Q R S P A E X P W F F P
J Q O F N V L N F P I J O K J X D I T Q
Q Y A T R S A J D P T N Q G R Q G R P L
L S C L K D E E O A Y D A D S F I W T Z

Individual _____ Identifier _____ Date _____

Medical Necessity and Level of Care Assessment - Version 3.0

Section A Identification Information

A0310. Type of Assessment

Enter Code

A. Reason for Assessment

01. **Initial assessment**
03. **Annual assessment**
04. **Significant change in status assessment**

A0500. Legal Name of Individual

A. First name:

B. Middle initial:

C. Last name:

D. Suffix:

A0600. Social Security and Medicare Numbers

A. Social Security Number:

B. Medicare number (or comparable railroad insurance number):

A0700. Medicaid Number – Enter "+" if pending, "N" if not a Medicaid recipient

A0800. Gender

Enter Code

1. **Male**
2. **Female**

A0900. Birth Date

Month Day Year

A1000. Race/Ethnicity

↓ **Check all that apply**

- ☐ **A. American Indian or Alaska Native**
- ☐ **B. Asian**
- ☐ **C. Black or African American**
- ☐ **D. Hispanic or Latino**
- ☐ **E. Native Hawaiian or Other Pacific Islander**
- ☐ **F. White**

Section A Identification Information

A1100. Language

Enter Code

A. Does the individual need or want an interpreter to communicate with a doctor or health care staff?

0. **No**
1. **Yes** → Specify in A1100B, Preferred language
9. **Unable to determine**

B. Preferred language:

A1300. Optional Individual Items

B. Room number:

A1550. Conditions Related to IDD Status

If the individual is 22 years of age or older, complete only if A0310A = 01
If the individual is 21 years of age or younger, complete always

↓ **Check all conditions that are related to IDD status** that were manifested before age 22, and are likely to continue indefinitely

IDD With Organic Condition

- ☐ **A. Down syndrome**
- ☐ **B. Autism**
- ☐ **C. Epilepsy**
- ☐ **D. Other organic condition related to IDD**

IDD Without Organic Condition

- ☐ **E. IDD with no organic condition**

No IDD

- ☐ **Z. None of the above**

A2300. Assessment Date

Observation end date:

Month Day Year

Individual _____ Identifier _____ Date _____

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision

B0100. Comatose

Enter Code

Persistent vegetative state/no discernible consciousness

0. **No** → Continue to B0200, Hearing
1. **Yes** → Skip to G0110, Activities of Daily Living (ADL) Assistance

B0200. Hearing

Enter Code

Ability to hear (with hearing aid or hearing appliances if normally used)

0. **Adequate** – no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** – difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** – speaker has to increase volume and speak distinctly
3. **Highly impaired** – absence of useful hearing

B0300. Hearing Aid

Enter Code

Hearing aid or other hearing appliance used in completing B0200, Hearing

0. **No**
1. **Yes**

B0600. Speech Clarity

Enter Code

Select best description of speech pattern

0. **Clear speech** – distinct intelligible words
1. **Unclear speech** – slurred or mumbled words
2. **No speech** – absence of spoken words

B0700. Makes Self Understood

Enter Code

Ability to express ideas and wants, consider both verbal and non-verbal expression. Enter '-' Dash if unable to assess.

0. **Understood**
1. **Usually understood** – difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
2. **Sometimes understood** – ability is limited to making concrete requests
3. **Rarely/never understood**

B0799. Modes of Expression

Check all used by individual to make needs known

- ☐ A. **Speech**
- ☐ B. **Writing messages to express or clarify needs**
- ☐ C. **American sign language or Braille**
- ☐ D. **Signs/ Gestures/ Sounds**
- ☐ E. **Communication Board**
- ☐ F. **Voice Modulator**
- ☐ G. **Other**
- ☐ Z. **None of the above**

B0800. Ability To Understand Others

Enter Code

Understanding verbal content, however able (with hearing aid or device if used). Enter '-' Dash if unable to assess.

0. **Understands** – clear comprehension
1. **Usually understands** – misses some part/intent of message **but** comprehends most conversation
2. **Sometimes understands** – responds adequately to simple, direct communication only
3. **Rarely/never understands**

B1000. Vision

Enter Code

Ability to see in adequate light (with glasses or other visual appliances)

0. **Adequate** – sees fine detail, such as regular print in newspapers/books
1. **Impaired** – sees large print, but not regular print in newspapers/books
2. **Moderately impaired** – limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** – object identification in question, but eyes appear to follow objects
4. **Severely impaired** – no vision or sees only light, colors or shapes; eyes do not appear to follow objects

B1200. Corrective Lenses

Enter Code

Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision

0. **No**
1. **Yes**

Section C Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? – Attempt to conduct interview with the individual

Enter Code

0. **No** (individual is rarely/never understood) **OR** individual is less than 7 years of age**,** skip to and complete C0700-C1000, Caregiver Assessment for Mental Status
1. **Yes** → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask individual: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed.*** *Now tell me the three words." Enter '-' Dash if unable to assess.*

Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

After the individual's first attempt, repeat the words using cues ("*sock, something to wear; blue, a color; bed, a piece of furniture*"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code

Ask individual: *"Please tell me what year it is right now." Enter '-' Dash if unable to assess.*

A. Able to report correct year

0. **Missed by > 5 years or no answer**
1. **Missed by 2–5 years**
2. **Missed by 1 year**
3. **Correct**

Enter Code

Ask individual: *"What month are we in right now?" Enter '-' Dash if unable to assess.*

B. Able to report correct month

0. **Missed by >1 month** or no answer
1. **Missed by 6 days to 1 month**
2. **Accurate within 5 days**

Enter Code

Ask individual: *"What day of the week is today?" Enter '-' Dash if unable to assess.*

C. Able to report correct day of the week

0. **Incorrect** or no answer
1. **Correct**

C0400. Recall

Ask individual: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"*
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. Enter '-' Dash if unable to assess.

Enter Code

A. Able to recall "sock"

0. **No** – could not recall
1. **Yes, after cueing** ("something to wear")
2. **Yes, no cue required**

Enter Code

B. Able to recall "blue"

0. **No** – could not recall
1. **Yes, after cueing** ("a color")
2. **Yes, no cue required**

Enter Code

C. Able to recall "bed"

0. **No** – could not recall
1. **Yes, after cueing** ("a piece of furniture")
2. **Yes**, **no cue required**

C0500. Summary Score

Enter Score

The sum of the scores for questions C0200–C0400. The sum should be a number (00–15)
A score of 99 indicates that the individual was unable to complete the interview

Section C Cognitive Patterns

C0600. Should the Caregiver Assessment for Mental Status (C0700-C1000) be Conducted?

Enter Code

0. **No** (Individual was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
1. **Yes** (Individual was unable to complete interview **OR** individual is less than 7 years of age) → Continue to C0700, Short-term Memory OK

Caregiver Assessment for Mental Status

Do not conduct if Brief Interview for Mental Status (C0200–C0500) was completed

C0700. Short-term Memory OK

Enter Code

Seems or appears to recall after 5 minutes. Enter '-' Dash if unable to assess OR individual is less than 2 years of age.

0. **Memory OK**
1. **Memory problem**

C0800. Long-term Memory OK

Enter Code

Seems or appears to recall long past. Enter '-' Dash if unable to assess OR individual is less than 2 years of age.

0. **Memory OK**
1. **Memory problem**

C0900. Memory/Recall Ability

↓ Check all that the individual was normally able to recall

- ☐ **A. Current season**
- ☐ **B. Location of own room**
- ☐ **C. Caregiver names and faces**
- ☐ **D. That he or she is in their own home/room**
- ☐ **Z. None of the above** were recalled

C1000. Cognitive Skills for Daily Decision Making

Enter Code

Made decisions regarding tasks of daily life

0. **Independent** – decisions consistent/reasonable
1. **Modified independence** – some difficulty in new situations only
2. **Moderately impaired** – decisions poor; cues/supervision required
3. **Severely impaired** – never/rarely made decisions

Delirium

C1300. Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status or Caregiver Assessment, and reviewing medical record

Coding:

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

↓ Enter Codes in Boxes

- ☐ **A. Inattention** – Did the individual have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
- ☐ **B. Disorganized thinking** – Was the individual's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? Enter '-' Dash if unable to assess.
- ☐ **C. Altered level of consciousness** – Did the individual have altered level of consciousness (e.g., **vigilant** – startled easily to any sound or touch; **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** – very difficult to arouse and keep aroused for the interview; **comatose** – could not be aroused)?
- ☐ **D. Psychomotor retardation** – Did the individual have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

C1600. Acute Onset Mental Status Change

Enter Code

Is there evidence of an acute change in mental status from the individual's baseline?

0. **No**
1. **Yes**
-. **No information/not assessed**

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Section D Mood

D0100. Should Individual Mood Interview be Conducted? – Attempt to conduct interview with the individual

Enter Code

0. **No** (Individual is rarely/never understood) **OR** individual is less than 7 years of age → Skip to and complete D0500 -D0600, Caregiver Assessment of Individual Mood(PHQ-9-OV)
1. **Yes** → Continue to D0200, Individual Mood Interview (PHQ-9©)

D0200. Individual Mood Interview (PHQ-9©)

Say to individual: "*Over the last 2 weeks, have you been bothered by any of the following problems?*"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, then ask the individual: "*About **how often** have you been bothered by this?"*
Read and show the individual a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. Symptom Presence
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)
9. **No response** (leave column 2 blank)

2. Symptom Frequency
0. **Never or 1 day**
1. **2–6 days** (several days)
2. **7–11 days** (half or more of the days)
3. **12–14 days** (nearly every day)

		1. Symptom Presence	2. Symptom Frequency
		↓ Enter Scores in Boxes ↓	
A.	***Little interest or pleasure in doing things***	☐	☐
B.	***Feeling down, depressed, or hopeless***	☐	☐
C.	***Trouble falling or staying asleep, or sleeping too much***	☐	☐
D.	***Feeling tired or having little energy***	☐	☐
E.	***Poor appetite or overeating***	☐	☐
F	***Feeling bad about yourself – or that you are a failure or have let yourself or your family down***	☐	☐
G.	***Trouble concentrating on things, such as reading the newspaper or watching television***	☐	☐
H.	***Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual***	☐	☐
I.	**Thoughts that you would be better off dead, or of hurting yourself in some way**	☐	☐

D0300. Total Severity Score

Enter Score ☐☐

The sum of the scores for all frequency responses in Column 2, Symptom Frequency. The sum should be a number (00-27). A score of 99 indicates that the individual was unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

D0350. Safety Notification – Complete only if D0200I1 = 1 indicating possibility of individual self harm

Enter Code

Was responsible caregiver, provider or appropriate entity informed that there is a potential for individual self harm?
0. **No**
1. **Yes**

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Section D Mood

D0500. Caregiver Assessment of Individual Mood (PHQ-9-OV*)

Do not conduct if Individual Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the individual have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
Then move to column 2, Symptom Frequency, and indicate symptom frequency.

1. Symptom Presence
0. **No** (enter 0 in column 2)
1. **Yes** (enter 0-3 in column 2)

2. Symptom Frequency
0. **Never or 1 day**
1. **2–6 days** (several days)
2. **7–11 days** (half or more of the days)
3. **12–14 days** (nearly every day)

		1. Symptom Presence	2. Symptom Frequency
		↓ Enter Scores in Boxes ↓	
A.	**Little interest or pleasure in doing things**	☐	☐
B.	**Feeling or appearing down, depressed, or hopeless**	☐	☐
C.	**Trouble falling or staying asleep, or sleeping too much**	☐	☐
D.	**Feeling tired or having little energy**	☐	☐
E.	**Poor appetite or overeating**	☐	☐
F	**Indicating that s/he feels bad about self, is a failure, or has let self or family down**	☐	☐
G.	**Trouble concentrating on things, such as reading the newspaper or watching television**	☐	☐
H.	**Moving or speaking so slowly that other people have noticed. Or the opposite – being so fidgety or restless that s/he has been moving around a lot more than usual**	☐	☐
I.	**States that life isn't worth living, wishes for death, or attempts to harm self**	☐	☐
J.	**Being short-tempered, easily annoyed**	☐	☐

D0600. Total Severity Score

☐☐ Enter Score

The sum of the scores for all frequency responses in Column 2, Symptom Frequency. The sum should be a number (00-30).

D0650. Safety Notification – Complete only if D0500I1 = 1 indicating possibility of individual self harm

Enter ☐ Code

Was responsible caregiver, provider or appropriate entity informed that there is a potential for individual self harm?
0. **No**
1. **Yes**

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Section E Behavior

E0100. Potential Indicators of Psychosis

↓ Check all that apply

- ☐ **A. Hallucinations** (perceptual experiences in the absence of real external sensory stimuli)
- ☐ **B. Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
- ☐ **Z. None of the above**

Behavioral Symptoms

E0200. Behavioral Symptom – Presence & Frequency

Note presence of symptoms and their frequency

Coding:

0. **Behavior not exhibited**
1. **Behavior of this type occurred 1 to 3 days**
2. **Behavior of this type occurred 4 to 6 days,** but less than daily
3. **Behavior of this type occurred daily**

↓ Enter Codes in Boxes

- ☐ **A. Physical behavioral symptoms directed toward others** (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
- ☐ **B. Verbal behavioral symptoms directed toward others** (e.g., threatening others, screaming at others, cursing at others)
- ☐ **C. Other behavioral symptoms not directed toward others** (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E0300. Overall Presence of Behavioral Symptoms

Enter Code ☐

Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?

0. **No** → Skip to E0800, Rejection of Care
1. **Yes** → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

E0500. Impact on Individual

Did any of the identified symptom(s):

Enter Code ☐ **A. Put the individual at significant risk for physical illness or injury?**

0. **No**
1. **Yes**

Enter Code ☐ **B. Significantly interfere with the individual's care?**

0. **No**
1. **Yes**

Enter Code ☐ **C. Significantly interfere with the individual's participation in activities or social interactions?**

0. **No**
1. **Yes**

E0600. Impact on Others

Did any of the identified symptom(s):

Enter Code ☐ **A. Put others at significant risk for physical injury?**

0. **No**
1. **Yes**

Enter Code ☐ **B. Significantly intrude on the privacy or activity of others?**

0. **No**
1. **Yes**

Enter Code ☐ **C. Significantly disrupt care or living environment?**

0. **No**
1. **Yes**

E0800. Rejection of Care – Presence & Frequency

Enter Code ☐

Did the individual reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) **that is necessary to achieve the individual's goals for health and well-being?** Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the individual or family), and determined to be consistent with individual values, preferences, or goals.

0. **Behavior not exhibited**
1. **Behavior of this type occurred 1 to 3 days**
2. **Behavior of this type occurred 4 to 6 days,** but less than daily
3. **Behavior of this type occurred daily**

Section E Behavior

E0900. Wandering – Presence & Frequency

Enter Code

Has the individual wandered?

0. **Behavior not exhibited** → Skip to E1100, Change in Behavioral or Other Symptoms
1. **Behavior of this type occurred 1 to 3 days**
2. **Behavior of this type occurred 4 to 6 days,** but less than daily
3. **Behavior of this type occurred daily**

E1000. Wandering – Impact

Enter Code

A. Does the wandering place the individual at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the residence/facility)?

0. **No**
1. **Yes**

Enter Code

B. Does the wandering significantly intrude on the privacy or activities of others?

0. **No**
1. **Yes**

E1100. Change in Behavior or Other Symptoms – Consider all of the symptoms assessed in items E0100 through E1000.

Enter Code

How does individual's current behavior status, care rejection, or wandering **compare to prior assessment?**

0. **Same**
1. **Improved**
2. **Worse**
3. **N/A** because no prior assessment

Section G Functional Status

G0110. Activities of Daily Living (ADL) Assistance

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full caregiver performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full caregiver performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

1. ADL Self-Performance

Code for **individual's performance** - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full caregiver performance every time

Coding:

Activity Occurred 3 or More Times

0. **Independent** - no help or caregiver oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - individual highly involved in activity; caregiver provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - individual involved in activity, caregiver provide weight-bearing support
4. **Total dependence** - full caregiver performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity (or any part of the ADL) was not performed by individual or caregiver at all over the entire 7-day period

2. ADL Support Provided

Code for **most support provided;** code regardless of individual's self-performance classification

Coding:

0. **No** setup or physical help from caregiver
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist
8. ADL activity itself **did not occur** during entire period

	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
A. Bed mobility - how individual moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	☐	☐
B. Transfer - how individual moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	☐	☐
C. Walk in room - how individual walks between locations in room	☐	☐
D. Walk in home - how individual walks in home or community setting	☐	☐
E. Locomotion in room - how individual moves between locations in his/her room and adjacent hallway on same floor. If in wheelchair, self-sufficiency once in chair	☐	☐
F. Locomotion in home - how individual moves to and returns from distant areas in his/her home or community setting. If in wheelchair, self-sufficiency once in chair	☐	☐
G. Dressing - how individual puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	☐	☐
H. Eating - how individual eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I. Toilet use - how individual uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐
J. Personal hygiene - how individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	☐	☐

Section G Functional Status

G0120. Bathing

How individual takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair). Code for **most dependent** in self-performance and support

Enter Code ☐

A. Self-performance
0. **Independent** – no help provided
1. **Supervision** – oversight help only
2. **Physical help limited to transfer only**
3. **Physical help in part of bathing activity**
4. **Total dependence**
8. **Activity itself did not occur** during the entire period

Enter Code ☐

B. Support provided
(Bathing support codes are as defined in Item **G0110 column 2, ADL Support Provided**, above)

G0300. Balance During Transitions and Walking

After observing the individual, **code the following walking and transition items for most dependent**

Coding:
0. **Steady at all times**
1. **Not steady, but able to stabilize without human assistance**
2. **Not steady, only able to stabilize with human assistance**
8. **Activity did not occur**

↓ Enter Codes in Boxes

☐ **A. Moving from seated to standing position**
☐ **B. Walking** (with assistive device if used)
☐ **C. Turning around** and facing the opposite direction while walking
☐ **D. Moving on and off toilet**
☐ **E. Surface-to-surface transfer** (transfer between bed and chair or wheelchair)

G0400. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed individual at risk of injury

Coding:
0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

↓ Enter Codes in Boxes

☐ **A. Upper extremity** (shoulder, elbow, wrist, hand)
☐ **B. Lower extremity** (hip, knee, ankle, foot)

G0600. Mobility Devices

↓ Check all that were normally used

☐ **A. Cane/crutch**
☐ **B. Walker**
☐ **C. Wheelchair (manual or electric)**
☐ **D. Limb prosthesis**
☐ **Z. None of the above** were used

G0900. Functional Rehabilitation Potential

Complete only if A0310A = 01

Enter Code ☐

A. Individual believes he or she is capable of increased independence in at least some ADLs
0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code ☐

B. Caregiver believes individual is capable of increased independence in at least some ADLs
0. **No**
1. **Yes**
-. **No information/not assessed**

Section H Bladder and Bowel

H0100. Appliances

↓ **Check all that apply**

- ☐ **A. Indwelling catheter** (including suprapubic catheter and nephrostomy tube)
- ☐ **B. External catheter**
- ☐ **C. Ostomy** (including urostomy, ileostomy, and colostomy)
- ☐ **D. Intermittent catheterization**
- ☐ **Z. None of the above**

H0200. Urinary Toileting Program

Enter Code

C. Current continence promotion program or trial – Is an individualized continence promotion program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the individual's urinary continence?

0. **No**
1. **Yes**

H0300. Urinary Continence

Enter Code

Urinary continence – Select the one category that best describes the individual

0. **Always continent**
1. **Occasionally incontinent** (less than 7 episodes of incontinence)
2. **Frequently incontinent** (7 or more episodes of urinary incontinence,but at least one episode of continent voiding)
3. **Always incontinent** (no episodes of continent voiding)
9. **Not rated**, individual had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days

H0400. Bowel Continence

Enter Code

Bowel continence – Select the one category that best describes the individual

0. **Always continent**
1. **Occasionally incontinent** (one episode of bowel incontinence)
2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3. **Always incontinent** (no episodes of continent bowel movements)
9. **Not rated,** individual had an ostomy or did not have a bowel movement for the entire 7 days

H0500. Bowel Continence Program

Enter Code

Is an individualized continence promotion program currently being used to manage the individual's bowel continence?

0. **No**
1. **Yes**

H0600. Bowel Patterns

Enter Code

Constipation present?

0. **No**
1. **Yes**

Section I Active Diagnoses

Active Diagnoses in the last 7 days – Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer

- ☐ **I0100. Cancer** (with or without metastasis)

Heart/Circulation

- ☐ **I0200. Anemia** (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
- ☐ **I0300. Atrial Fibrillation or Other Dysrhythmias** (e.g., bradycardias and tachycardias)
- ☐ **I0400. Coronary Artery Disease (CAD)** (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
- ☐ **I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)**
- ☐ **I0600. Heart Failure** (e.g., congestive heart failure (CHF) and pulmonary edema)
- ☐ **I0700. Hypertension**

  I0799a. Blood Pressure ☐☐☐ ☐☐☐
- ☐ **I0800. Orthostatic Hypotension**
- ☐ **I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**
- ☐ **I0999. Peripheral Edema**

Gastrointestinal

- ☐ **I1100. Cirrhosis**
- ☐ **I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer** (e.g., esophageal, gastric, and peptic ulcers)
- ☐ **I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease**

Genitourinary

- ☐ **I1400. Benign Prostatic Hyperplasia (BPH)**
- ☐ **I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)**
- ☐ **I1550. Neurogenic Bladder**
- ☐ **I1650. Obstructive Uropathy**

Infections

- ☐ **I1700. Multidrug-Resistant Organism (MDRO)**
- ☐ **I2000. Pneumonia**
- ☐ **I2100. Septicemia**
- ☐ **I2200. Tuberculosis**
- ☐ **I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)**
- ☐ **I2400. Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
- ☐ **I2500. Wound Infection** (other than foot)

Metabolic

- ☐ **I2900. Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)

  I2999. Blood Sugar Range ☐☐☐ — ☐☐☐
- ☐ **I3100. Hyponatremia**
- ☐ **I3200. Hyperkalemia**
- ☐ **I3300. Hyperlipidemia** (e.g., hypercholesterolemia)
- ☐ **I3400. Thyroid Disorder** (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)

Section I Active Diagnoses

Active Diagnoses in the last 7 days – Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Musculoskeletal

- ☐ **I3700. Arthritis** (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
- ☐ **I3800. Osteoporosis**
- ☐ **I3900. Hip Fracture** - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
- ☐ **I3999. Contractures**
- ☐ **I4000. Other Fracture**
- ☐ **I4099. Scoliosis**

Neurological

- ☐ **I4200. Alzheimer's Disease**
- ☐ **I4300. Aphasia**
- ☐ **I4400. Cerebral Palsy**
- ☐ **I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**
- ☐ **I4800. Non-Alzheimer's Dementia** (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
- ☐ **I4900. Hemiplegia or Hemiparesis**
- ☐ **I5000. Paraplegia**
- ☐ **I5100. Quadriplegia**
- ☐ **I5199. Tremors**
- ☐ **I5200. Multiple Sclerosis (MS)**
- ☐ **I5250. Huntington's Disease**
- ☐ **I5299. Muscular Dystrophy**
- ☐ **I5300. Parkinson's Disease**
- ☐ **I5350. Tourette's Syndrome**
- ☐ **I5399. Hydrocephalus**
- ☐ **I5400. Seizure Disorder or Epilepsy**

I5499. Type of Seizure

↓ Check all that apply

- ☐ **A. Localized** (partial or focal)
- ☐ **B Generalized** (absence, myclonic, clonic, tonic and atonic)

I5499C. Average Frequency of Seizures in the last 7 days

Enter Code ☐

0. No seizures
1. Less than 1 seizure/week
2. 1-6 seizures/week
3. 1 seizure/day
4. 2-5 seizures/day
5. 6-12 seizures/day
6. More than 12 seizures/day

- ☐ **I5500. Traumatic Brain Injury (TBI)**
- ☐ **I5599. Spina Bifida**

Section I Active Diagnoses

Active Diagnoses in the last 7 days – Check all that apply

Nutritional

- ☐ **I5600. Malnutrition** (protein or calorie) or at risk for malnutrition
- ☐ **I5699. At risk for dehydration**

Psychiatric/Mood Disorder

- ☐ **I5700. Anxiety Disorder**
- ☐ **I5800. Depression** (other than bipolar)
- ☐ **I5900. Manic Depression** (bipolar disease)
- ☐ **I5950. Psychotic Disorder** (other than schizophrenia)
- ☐ **I6000. Schizophrenia** (e.g., schizoaffective and schizophreniform disorders)
- ☐ **I6100. Post Traumatic Stress Disorder (PTSD)**
- ☐ **I6199. ADHD Syndrome**

Pulmonary

- ☐ **I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease** (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
- ☐ **I6299. Cystic Fibrosis**
- ☐ **I6300. Respiratory Failure**

Vision

- ☐ **I6500. Cataracts, Glaucoma, or Macular Degeneration**

None of Above

- ☐ **I7900. None of the above active diagnoses** within the last 7 days

Other

I8000. Additional active diagnoses

Enter diagnosis description and ICD code.

A. _____ ☐☐☐☐☐☐☐☐

B. _____ ☐☐☐☐☐☐☐☐

C. _____ ☐☐☐☐☐☐☐☐

D. _____ ☐☐☐☐☐☐☐☐

E. _____ ☐☐☐☐☐☐☐☐

F. _____ ☐☐☐☐☐☐☐☐

G. _____ ☐☐☐☐☐☐☐☐

H. _____ ☐☐☐☐☐☐☐☐

I. _____ ☐☐☐☐☐☐☐☐

J. _____ ☐☐☐☐☐☐☐☐

Section J Health Conditions

J0100. Pain Management – Complete for the individual, regardless of current pain level

At any time in the last 5 days, has the individual:

Enter Code

A. Received scheduled pain medication regimen?
0. **No**
1. **Yes**

Enter Code

B. Received PRN pain medications OR was offered and declined?
0. **No**
1. **Yes**

Enter Code

C. Received non-medication intervention for pain?
0. **No**
1. **Yes**

J0200. Should Pain Assessment Interview be Conducted? – Attempt to conduct interview with the individual.
If individual is comatose, skip to J1100, Shortness of Breath (dyspnea)

Enter Code

0. **No** (individual is rarely/never understood **OR** individual is less than 3 years of age) → Skip to J0800, Indicators of Pain or Possible Pain
1. **Yes** → Continue to J0300, Pain Presence

Pain Assessment Interview

J0300. Pain Presence

Enter Code

Ask individual: *"**Have you had pain or hurting at any time** in the last 5 days?"*
0. **No** → Skip to J1100, Shortness of Breath
1. **Yes** → Continue to J0400, Pain Frequency
9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

J0400. Pain Frequency

Enter Code

Ask individual: "***How much of the time have you experienced pain or hurting** over the last 5 days?*"
1. **Almost constantly**
2. **Frequently**
3. **Occasionally**
4. **Rarely**
9. **Unable to answer**

J0500. Pain Effect on Function

Enter Code

A. Ask individual: "*Over the past 5 days, **has pain made it hard for you to sleep at night?**"*
0. **No**
1. **Yes**
9. **Unable to answer**

Enter Code

B. Ask individual: "*Over the past 5 days, **have you limited your day-to-day activities because of pain?**"*
0. **No**
1. **Yes**
9. **Unable to answer**

J0600. Pain Intensity – Administer **ONLY ONE** of the following pain intensity questions (A or B)

Enter Rating

A. Numeric Rating Scale (00–10)
Ask individual: "*Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine*." (Show individual 00 -10 pain scale)
Enter two-digit response. Enter 99 if unable to answer.

Enter Code

B. Verbal Descriptor Scale
Ask individual: "*Please rate the intensity of your worst pain over the last 5 days*." (Show individual verbal scale)
1. **Mild**
2. **Moderate**
3. **Severe**
4. **Very severe, horrible**
9. **Unable to answer**

Section J Health Conditions

J0700. Should the Caregiver Assessment for Pain be Conducted?

Enter Code ☐

0. **No** (J0400=1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
1. **Yes** (J0400=9) → Continue to J0800, Indicators of Pain or Possible Pain

Caregiver Assessment for Pain

J0800. Indicators of Pain or Possible Pain in the last 5 days

↓ **Check all that apply**

- ☐ **A. Non-verbal sounds** (e.g., crying, whining, gasping, moaning, or groaning)
- ☐ **B. Vocal complaints of pain** (e.g., that hurts, ouch, stop)
- ☐ **C. Facial expressions** (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
- ☐ **D. Protective body movements or postures** (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
- ☐ **Z. None of these signs observed or documented** → If checked, skip to J1100, Shortness of Breath (dyspnea)

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days

Enter Code ☐

Frequency with which individual complains or shows evidence of pain or possible pain

1. **Indicators of pain** or possible pain observed **1 to 2 days**
2. **Indicators of pain** or possible pain observed **3 to 4 days**
3. **Indicators of pain** or possible pain observed **daily**

Other Health Conditions

J1100. Shortness of Breath (dyspnea)

↓ **Check all that apply**

- ☐ **A. Shortness of breath** or trouble breathing **with exertion** (e.g. walking, bathing, transferring)
- ☐ **B. Shortness of breath** or trouble breathing **when sitting at rest**
- ☐ **C. Shortness of breath** or trouble breathing **when lying flat**
- ☐ **Z. None of the above**

J1400. Prognosis

Enter Code ☐

Does the individual have a condition or chronic disease that may result in a **life expectancy of less than 6 months**?

0. **No**
1. **Yes**

J1550. Problem Conditions

↓ **Check all that apply**

- ☐ **A. Fever**
- ☐ **B. Vomiting**
- ☐ **C. Dehydrated**
- ☐ **D. Internal bleeding**
- ☐ **E99. Syncope**
- ☐ **Z. None of the above**

Section J Health Conditions

J1700. Fall History

Enter Code

A. Did the individual have a fall any time in the **last month**?
0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

B. Did the individual have a fall any time in the **last 2–6 months**?
0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

C. Did the individual have any **fracture related to a fall in the last 6 months**?
0. **No**
1. **Yes**
9. **Unable to determine**

J1900. Number of Falls in the last 6 months with or without injury

Complete only if J1700A or J1700B = 1

Coding:
0. **None**
1. **One**
2. **Two or more**

↓ **Enter Codes in Boxes**

- **A. No injury** – no evidence of any pain, injury or change in the individual's behavior after the fall as reported by the individual/ caregiver.
- **B. Injury (except major)** – skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the individual to complain of pain
- **C. Major injury** – bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section K Swallowing/Nutritional Status

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

↓ **Check all that apply**

- **A. Loss of liquids/solids from mouth when eating or drinking**
- **B. Holding food in mouth/cheeks or residual food in mouth after meals**
- **C. Coughing or choking during meals or when swallowing medications**
- **D. Complaints of difficulty or pain with swallowing**
- **Z. None of the above**

K0200. Height and Weight – While measuring, if the number is X.1 – X.4, round down; X.5 or greater round up

inches

A. Height (in inches). Record most recent height measure.

B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.). Enter '-' Dash if unable to assess.

K0300. Weight Loss

Loss of 5% or more in the last month or loss of 10% or more in last 6 months
0. **No** or unknown
1. **Yes, on** physician-prescribed weight-loss regimen
2. **Yes, not on** physician-prescribed weight-loss regimen

Section K Swallowing/Nutritional Status

K0310. Weight Gain

☐ **Gain of 5% or more in the last month or gain of 10% or more in last 6 months**

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-gain regimen
2. **Yes, not on** physician-prescribed weight-gain regimen

K0510. Nutritional Approaches

↓ **Check all of the following nutritional approaches that were performed during the last 7 days**

☐	**A.**	**Parenteral/IV feeding**
☐	**B.**	**Feeding-tube** – nasogastric or abdominal (PEG)
☐	**C.**	**Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids)
☐	**D.**	**Therapeutic diet** (e.g., low salt, diabetic, low cholesterol)
☐	**Z.**	**None of the above**

K0710. Percent Intake by Artificial Route – Complete K0710 only if K0510A or K0510B is checked

Enter ☐ Code

A. Proportion of total calories the individual received through parenteral or tube feeding during entire 7 days

1. **25% or less**
2. **26–50%**
3. **51% or more**

Enter ☐ Code

B. Average fluid intake per day by IV or tube feeding during entire 7 days

1. **500 cc/day or less**
2. **501 cc/day or more**

Section L Oral/Dental Status

L0200. Dental

↓ **Check all that apply**

☐	**A.**	**Broken or loosely fitting full or partial denture** (chipped, cracked, uncleanable, or loose)
☐	**B.**	**No natural teeth or tooth fragment(s)** (edentulous)
☐	**C.**	**Abnormal mouth tissue** (ulcers, masses, oral lesions, including under denture or partial if one is worn)
☐	**D.**	**Obvious or likely cavity or broken natural teeth**
☐	**E.**	**Inflamed or bleeding gums or loose natural teeth**
☐	**F.**	**Mouth or facial pain, discomfort or difficulty with chewing**
☐	**G.**	**Unable to examine**
☐	**Z.**	**None of the above were present**

Section M Skin Conditions

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100. Determination of Pressure Ulcer Risk

↓ **Check all that apply**

- ☐ **A. Individual has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device**
- ☐ **B. Formal assessment instrument/tool** (e.g., Braden, Norton, or other)
- ☐ **C. Clinical assessment**
- ☐ **Z. None of the above**

M0150. Risk of Pressure Ulcers

Enter Code ☐

Is this individual at risk of developing pressure ulcers?

0. **No**
1. **Yes**

M0210. Unhealed Pressure Ulcer(s)

Enter Code ☐

Does this individual have one or more unhealed pressure ulcer(s) at Stage 1 or higher?

0. **No** → skip to M1030, Number of Venous and Arterial Ulcers
1. **Yes** → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

Enter Number ☐

A. Number of Stage 1 pressure ulcers

Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues

Enter Number ☐

B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister

1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3

3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown

☐☐ – ☐☐ – ☐☐☐☐

Month Day Year

Enter Number ☐

C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling

1. Number of Stage 3 pressure ulcers

Enter Number ☐

D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling

1. Number of Stage 4 pressure ulcers

Enter Number ☐

E. Unstageable – Non-removable dressing: Known but not stageable due to non-removable dressing/device

1. Number of unstageable pressure ulcers due to non-removable dressing/device

Enter Number ☐

F. Unstageable – Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar

1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar

Enter Number ☐

G. Unstageable – Deep tissue: Suspected deep tissue injury in evolution

1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution

Section M Skin Conditions

M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar

Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0

If the individual has one or more unhealed Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar, identify the pressure ulcer with the largest surface area (length x width) and record in centimeters:

☐☐.☐ cm	**A. Pressure ulcer length:** Longest length from head to toe
☐☐.☐ cm	**B. Pressure ulcer width:** Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
☐☐.☐ cm	**C. Pressure ulcer depth:** Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash)

M0700. Most Severe Tissue Type for Any Pressure Ulcer

Enter Code ☐

Select the best description of the most severe type of tissue present in any pressure ulcer bed

1. **Epithelial tissue** – new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin
2. **Granulation tissue** – pink or red tissue with shiny, moist, granular appearance
3. **Slough** – yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous
4. **Eschar** – black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin
9. **None of the Above**

M1030. Number of Venous and Arterial Ulcers

Enter Number ☐

Enter the total number of venous and arterial ulcers present

M1040. Other Ulcers, Wounds and Skin Problems

↓ Check all that apply

	Foot Problems
☐	**A. Infection of the foot** (e.g., cellulitis, purulent drainage)
☐	**B. Diabetic foot ulcer(s)**
☐	**C. Other open lesion(s) on the foot**
	Other Problems
☐	**D. Open lesion(s) other than ulcers, rashes, cuts** (e.g., cancer lesion)
☐	**E. Surgical wound(s)**
☐	**F. Burn(s)** (second or third degree)
☐	**G. Skin tear(s)**
☐	**H. Moisture Associated Skin Damage (MASD)** (i.e. incontinence (IAD), perspiration, drainage)
	None of the Above
☐	**Z. None of the above** were present

Section M Skin Conditions

M1200. Skin and Ulcer Treatments	
↓ Check all that apply	
☐	**A. Pressure reducing device for chair**
☐	**B. Pressure reducing device for bed**
☐	**C. Turning/repositioning program**
☐	**D Nutrition or hydration intervention** to manage skin problems
☐	**E. Pressure ulcer care**
☐	**F. Surgical wound care**
☐	**G. Application of nonsurgical dressings** (with or without topical medications) other than to feet
☐	**H. Applications of ointments/medications** other than to feet
☐	**I. Application of dressings to feet** (with or without topical medications)
☐	**Z. None of the above** were provided

Section N Medications

N0300. Injections	
Enter Days ☐	Record the **number of days that injections of any type were received** during the last 7 days If 0 → Skip to N0410, Medications Received

N0350. Insulin	
Enter Days ☐	**A. Insulin injections – Record the number of days that insulin injections were received** during the last 7 days
Enter Days ☐	**B. Orders for insulin – Record the number of days the physician (or authorized assistant or practitioner) changed the individual's insulin orders** during the last 7 days

N0410. Medications Received	
↓ **Indicate the number of DAYS the individual received the following medications during the last 7 days.** Enter "0" if medication was not received by the individual during the last 7 days.	
Enter Days ☐	**A. Antipsychotic**
Enter Days ☐	**B. Antianxiety**
Enter Days ☐	**C. Antidepressant**
Enter Days ☐	**D. Hypnotic**
Enter Days ☐	**E. Anticoagulant** (warfarin, heparin, or low-molecular weight heparin)
Enter Days ☐	**F. Antibiotic**
Enter Days ☐	**G. Diuretic**

Section O Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last 14 days

	Check all that apply ↓
Cancer Treatments	
A. Chemotherapy	☐
B. Radiation	☐
Respiratory Treatments	
C. Oxygen therapy	☐
D. Suctioning	☐
E. Tracheostomy care	☐
F. Ventilator or respirator	☐
G. BiPAP/CPAP	☐
Other	
H. IV medications	☐
I. Transfusions	☐
J. Dialysis	☐
K. Hospice care	☐
L. Respite care	☐
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	☐
N99. Psychiatric care	☐
None of the Above	
Z. None of the above	☐

Section O Special Treatments, Procedures, and Programs

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes

1. **Individual minutes -** record the total number of minutes this therapy was administered to the individual **individually** in the last 7 days

Enter Number of Minutes

2. **Concurrent minutes -** record the total number of minutes this therapy was administered to the individual **concurrently with one other individual** in the last 7 days

Enter Number of Minutes

3. **Group minutes -** record the total number of minutes this therapy was administered to the individual as **part of a group of individuals** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy

Enter Number of Minutes

3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the individual in co-treatment sessions in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the last assessment) started

Month – Day – Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the last assessment) ended - enter dashes if therapy is ongoing

Month – Day – Year

B. Occupational Therapy

Enter Number of Minutes

1. **Individual minutes -** record the total number of minutes this therapy was administered to the individual **individually** in the last 7 days

Enter Number of Minutes

2. **Concurrent minutes -** record the total number of minutes this therapy was administered to the individual **concurrently with one other individual** in the last 7 days

Enter Number of Minutes

3. **Group minutes -** record the total number of minutes this therapy was administered to the individual as **part of a group of individuals** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C, Physical Therapy

Enter Number of Minutes

3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the individual in co-treatment sessions in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the last assessment) started

Month – Day – Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the last assessment) ended - enter dashes if therapy is ongoing

Month – Day – Year

O0400 continued on next page

Section O Special Treatments, Procedures, and Programs

O0400. Therapies - Continued

C. Physical Therapy

Enter Number of Minutes

1. **Individual minutes -** record the total number of minutes this therapy was administered to the individual **individually** in the last 7 days

Enter Number of Minutes

2. **Concurrent minutes -** record the total number of minutes this therapy was administered to the individual **concurrently with one other individual** in the last 7 days

Enter Number of Minutes

3. **Group minutes -** record the total number of minutes this therapy was administered to the individual as **part of a group of individuals** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400D, Respiratory Therapy

Enter Number of Minutes

3A. **Co-treatment minutes -** record the total number of minutes this therapy was administered to the individual in co-treatment sessions in the last 7 days

Enter Number of Days

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the last assessment) started

Month – Day – Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the last assessment) ended - enter dashes if therapy is ongoing

Month – Day – Year

D. Respiratory Therapy

Enter Number of Minutes

1. **Total minutes -** record the total number of minutes this therapy was administered to the individual in the last 7 days

If zero, → skip to O0400E, Psychological Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes

1. **Total minutes -** record the total number of minutes this therapy was administered to the individual in the last 7 days

If zero, → skip to O0400F, Recreational Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes

1. **Total minutes -** record the total number of minutes this therapy was administered to the individual in the last 7 days

If zero, → skip to O0420, Distinct Calendar Days of Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

Section O Special Treatments, Procedures, and Programs

O0420. Distinct Calendar Days of Therapy

Enter Number of Days	
☐	**Record the number of calendar days that the individual received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.**

O0500. Restorative Nursing Programs

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

Number of Days	Technique
☐	**A. Range of motion (passive)**
☐	**B. Range of motion (active)**
☐	**C. Splint or brace assistance**
Number of Days	**Training and Skill Practice In:**
☐	**D. Bed mobility**
☐	**E. Transfer**
☐	**F. Walking**
☐	**G. Dressing and/or grooming**
☐	**H. Eating and/or swallowing**
☐	**I. Amputation/prostheses care**
☐	**J. Communication**

O0600. Physician Examinations

Enter Days	
☐☐	Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the individual?**

O0700. Physician Orders

Enter Days	
☐☐	Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) change the individual's** orders?

Section P Restraints

P0100. Physical Restraints

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the individual's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body

Coding:
0. **Not used**
1. **Used less than daily**
2. **Used daily**

↓ **Enter Codes in Boxes**

	Used in Bed
☐	**A. Bed rail**
☐	**B. Trunk restraint**
☐	**C. Limb restraint**
☐	**D. Other**
	Used in Chair or Out of Bed
☐	**E. Trunk restraint**
☐	**F. Limb restraint**
☐	**G. Chair prevents rising**
☐	**H. Other**

Section Q Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

Enter Code ☐

A. Individual participated in assessment
0. **No**
1. **Yes**

Enter Code ☐

B. Family or significant other participated in assessment
0. **No**
1. **Yes**
9. **No family or significant other available**

Enter Code ☐

C. Guardian or legally authorized representative participated in assessment
0. **No**
1. **Yes**
9. **No guardian or legally authorized representative available**

Q0300. Individual's Overall Expectation

Complete only if A0310A = 01

Enter Code ☐

A. Select one for individual's overall goal established during assessment process
1. Expects to be **discharged to the home** (i.e. currently in ALF)
2. Expects to **remain in the home**
3. Expects to be **transferred to a facility/institution**
9. **Unknown or uncertain**

Enter Code ☐

B. Indicate information source for Q0300A
1. **Individual**
2. If not individual, then **family or significant other**
3. If not individual, family, or significant other, then **guardian or legally authorized representative**
9. **Unknown or uncertain**

Section Z Assessment Administration

Z0500. Signature of RN Completing Assessment

A. Signature

B. Date Assessment Completed:

Month Day Year

LTC Medicaid Information

S1. Medicaid Information

S1a	Medicaid Client Indicator 1. Medicaid	
S1b	Individual Address	
S1c	City	
S1d	State	
S1e	ZIP Code	
S1f	Phone	

S2. Claims Processing Information

S2a	DADS Vendor/Site ID Number	
S2b	Contract/Provider Number	
S2c	Service Group 3. CBA 11. PACE 17. CWP 18. MDCP 19. Star + Plus	
S2d	NPI Number	
S2e	Region	
S2f	Purpose Code	
S2g	HHA License #	
S2h	HHA License # Expiration Date	

S3. Primary Diagnosis

S3a	Primary Diagnosis ICD Code	
S3b	Primary Diagnosis ICD Description	

S4. For DADS use only

S4a	MN	
S4b	RUG	
S4c	Effective Date	
S4d	Expiration Date	
S4e	County	
S4f	DADS RN Signature	
S4g	Signature Date	

S5. Licenses

Certification*:* To the best of my knowledge, I certify to the accuracy and completeness of this information.

S5a	HHA RN Last Name	
S5b	HHA RN License #	
S5c	HHA RN License State	
S5d	DADS RN Last Name	
S5e	DADS RN License #	
S5f	DADS RN License State	
S5g	DADS RN Signature Date	
DADS RN Signature		
S5h	PACE RN Last Name	
S5i	PACE RN License #	
S5j	PACE RN License State	
S5k	HMO RN Last Name	
S5l	HMO RN License #	
S5m	HMO RN License State	

S6. Additional MN Information

S6a	Tracheostomy Care 1. Less than once a week 2. 1 to 6 times a week 3. Once a day 4. Twice a day 5. 3 - 11 times a day 6. Every 2 hours 7. Hourly / continuous	
S6b	Ventilator/Respirator 1. Less than once a week 2. 1 to 6 times a week 3. Once a day 4. Twice a day 5. 3 - 11 times a day 6. 6 - 23 hours 7. 24-hour continuous	

LTC Medicaid Information

S6c	Number of hospitalizations in the last 90 days	
S6d	Number of emergency room visits in the last 90 days	
S6e	Oxygen Therapy 1. Less than once a week 2. 1 to 6 times a week 3. Once a day 4. Twice a day 5. 3 - 11 times a day 6. 6 - 23 hours 7. 24-hour continuous	
S6f	Special Ports/Central Lines/PICC Y/N/U	
S6g	At what developmental level is the individual functioning? 1. < 1 Infant 2. 1 - 2 Toddler 3. 3 - 5 Pre-School 4. 6 - 10 School age 5. 11 - 15 Young Adolescence 6. 16 - 20 Older Adolescence -. Unknown or unable to assess	
S6h	Enter the number of times this individual has fallen in the last 90 days	
S6i	In how many of the falls listed above was the person physically restrained prior to the fall?	
S6j	In the falls listed in S6h above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)	
1	Environmental (debris, slick or wet floors, lighting, etc.)	
2	Medication(s)	
3	Major Change in Medical Condition (Myocardial Infarction (MI/Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope (Fainting), etc.)	
4	Poor Balance/Weakness	
5	Confusion/Disorientation	
6	Assault by Individual or Caregiver	

S7. Physician's Evaluation & Recommendation

S7a	Did an MD/DO certify that this individual requires nursing facility services or alternative community based services under the supervision of an MD/DO? Y/N	
S7b	Did a military physician providing healthcare according to requirements stipulated in 10 US Code 1094 provide the evaluation and recommendation for this individual? Y/N	
S7c	MD/DO Last Name	
S7d	MD/DO License #	
S7e	MD/DO License State	
Indicate Physician Signature on file by checking box [Required for Initial Assessments] ☐		
The following MD/DO information is required if MD/DO is **not** licensed in Texas.		
S7f	MD/DO First Name	
S7g	MD/DO Address	
S7h	MD/DO City	
S7i	MD/DO State	
S7j	MD/DO ZIP Code	
S7k	MD/DO Phone	

LTC Medicaid Information

S9. Medications

List all medications that the individual received during the last 30 days. Include scheduled medications that are used regularly, but less than weekly.

☐ **Medication Certification:** I certify this individual is taking no medications OR the medications listed below are correct

1. Medication Name and Dose Ordered	2. RA	3. Freq	4. PRN-n

LTC Medicaid Information

S10. Comments

S11. Advance Care Planning

S11a	Does the individual/caregiver report having a legally authorized representative? Y/N	
S11b	Does the individual/caregiver report having a Directive to Physicians and Family or Surrogates? Y/N	
S11c	Does the individual/caregiver report having a Medical Power of Attorney? Y/N	
S11d	Does the individual/caregiver report having an Out-of-Hospital Do Not Resuscitate Order? Y/N	

S12. LAR Address

Required if individual/caregiver has reported having a legally authorized representative.		
S12a	LAR First Name	
S12b	LAR Last Name	
S12c	Address	
S12d	City	
S12e	State	
S12f	ZIP Code	
S12g	Phone	



A STATE MEDICAID CONTRACTOR

The LTC Community Services Waiver Programs Workshop User Guide is produced by TMHP Training Services. Contents are current as of the time of publishing and subject to change. Providers should always refer to provider manuals, provider bulletins, banner messages, and the TMHP and DADS websites for current and authoritative information.

LTC Online Portal Community First Choice Addendum

LTC Online Portal – Medical Necessity and Level of Care Assessment 3.0; Service Group Addition

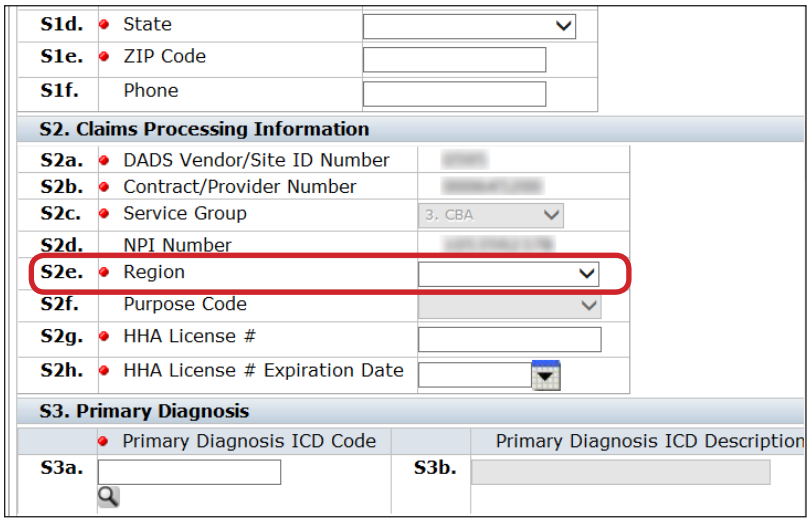
Information included in the Long Term Care (LTC) Community Services Waiver Programs User Guide has been expanded.

Effective June 1, 2015, Texas Medicaid & Healthcare Partnership (TMHP) will implement a modification on the LTC Online Portal. When a LTC Community Services Waiver Programs provider or a Managed Care Organization (MCO) enters information on a Medical Necessity and Level of Care (MN/LOC) Assessment 3.0, field S2c. Service Group will have an additional choice from the from the drop-down box. The additional option is "23. CFC." This new option is for use by Community First Choice (CFC) providers and MCOs.

This modification allows CFC providers and MCOs to use the MN/LOC to determine medical necessity for Social Security Income (SSI) children. The MN/LOC Assessment will be completed on the LTC Online Portal in the exact same manner as it is completed today for the other program providers; however, the MN/LOC Assessment information will not be transmitted to the Department of Aging and Disability Services (DADS).

The Portable Document Format (PDF) of the MN/LOC Assessment 3.0 has also been updated to reflect the addition of "23. CFC."

For more information, contact the LTC /Help Desk at **1-800-626-4117**, Option 1.



The following instructions on page 35 of the LTC Community Services Waiver Programs User Guide – which also apply to non-waiver CFC providers – have been updated:

- **S2. Claims Processing Information.**
  - S2a. DADS Vendor/Site ID Number.

    Auto Populated.

    - This field will be auto populated based on the user's logon security credentials.
  - S2b. Contract/Provider Number.

    Auto Populated.

    - This field will be auto populated.
  - S2c. Service Group.

    Required.

    - Choose from the drop-down box:

      – 3. CBA

      – 11. PACE

      – 18. MDCP

      – 19. STAR+PLUS

      – 23. CFC
  - S2d. NPI Number.

    Required.

    - This field will be auto populated.
      This is where API would be entered if using an API number. API is "D," two zeros, then contract number (MDCP nurses use an API).